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ABSTRACT

This Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) education curriculum was developed for boys and girls, ages 6 to 17 years. It is a supplement to a similar program, "SMART Moves," aimed at prevention of drug abuse and premature sexual activity. The Act SMART prevention team should consist of a staff facilitator certified by the American Red Cross as an HIV/AIDS instructor, youth peer leaders, and community volunteers. The program incorporates age-appropriate participatory learning activities, and it emphasizes sexual abstinence, not using drugs, and not sharing needles as the most effective ways to prevent HIV infection. For those already engaging in sexual activity, it provides information on condom use and HIV/AIDS prevention. Overall program goals are to increase knowledge, examine personal risk behaviors and choices, develop the skills needed to practice and maintain healthy behaviors, and increase comfort when interacting with HIV positive or AIDS infected persons. Unit 1 focuses on emphasizing healthy behaviors and positive feelings about oneself for children ages 6 to 9 years. Unit 2 focuses on making healthy decisions and examines risk-taking behavior for pre-teens ages 10-13 years. Unit 3 offers a comprehensive skills approach to HIV/AIDS prevention for adolescents ages 14-17 years. Implementation strategies suggest involving the Boards of the American Red Cross Chapters and the local chapters of the Boys and Girls Clubs, peer leaders, and parents with in-service community training by a certified HIV/AIDS instructor. Appendices provide general information, sample letters, glossary, and activity suggestions. (NAV)

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ACT SMART

HIV/AIDS Education Curriculum for Three Age Groups

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BOYS & GIRLS CLUBS OF AMERICA

American Red Cross

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ACT SMART

HIV/AIDS EDUCATION CURRICULUM

FOR THREE AGE GROUPS

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Act SMART, an HIV/AIDS education curriculum for young people ages 6 through 17, is the result of a successful collaboration between Boys & Girls Clubs of America and the American Red Cross. Collaborations require dedication, perseverance, good humor, hard work, and focusing all "eyes on the prize." For their steadfast commitment to the project and its goals and to the collaboration, special appreciation is extended to the following people and organizations.

The development team responsible for the conceptualization, design, research, and writing of this curriculum comprised Gayle V. Barrett-Kavanagh, MSW, Boys & Girls Clubs of America; Betty Jean Carter, M.S., Health Consulting Group; and Diane T. Widdus, M.S., CTRS, Carole K. Kauffman, R.N., MPH, Zora Travis Salisbury, Ed.D., MPH, and Patricia F. Bonifer-Tiedt, Sc.M., M.S., of the American Red Cross. The principal writer was Betty Jean Carter. Carole Kauffman and Gayle Barrett-Kavanagh were the primary leads from their respective organizations.

Special recognition is given to the volunteer and paid staff of Boys & Girls Clubs and American Red Cross chapters and to the youth participants, who did an outstanding job and provided critical feedback and enormous enthusiasm during the local demonstrations/field tests of the **Act SMART** curriculum. The participating Clubs and chapters were—

Boys & Girls Clubs of Delaware	American Red Cross Delaware Chapter
Boys & Girls Clubs of Las Vegas	American Red Cross Clark City Chapter
Boys & Girls Clubs of Metropolitan Phoenix	American Red Cross Central Arizona Chapter
Kips Bay Boys & Girls Club	American Red Cross of Greater New York
Boys & Girls Clubs of Greater Milwaukee	American Red Cross Greater Milwaukee Chapter

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- Humanity
- Impartiality
- Neutrality
- Independence
- Voluntary Service
- Unity
- Universality

The programs of the American Red Cross are made possible by the voluntary services and financial support of the American people.

ACT SMART

HIV/AIDS EDUCATION CURRICULUM
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INTRODUCTION

Welcome to **Act SMART**, an HIV and AIDS education curriculum developed by the Boys & Girls Clubs of America and the American Red Cross.

By working together, the American Red Cross and Boys & Girls Clubs of America can make a significant contribution in their communities. For Boys & Girls Clubs, this HIV/AIDS curriculum, **Act SMART**, for ages 6 to 17, is a supplement to **SMART Moves,** a national award-winning primary prevention program addressing the problems of alcohol and other drug use and premature sexual activity. For the American Red Cross, **Act SMART** supplements its internationally recognized HIV/AIDS education programs and will be used as a resource by American Red Cross chapters in their work with youth. It is recommended that, whenever possible, young people experience the **SMART Moves** program prior to the introduction of this HIV/AIDS curriculum.

Before **Act SMART** is undertaken in Boys & Girls Clubs, an HIV/AIDS community education session should be held for all volunteer and paid staff of local Clubs by a certified Red Cross HIV/AIDS instructor. It is recommended that **Act SMART** be implemented by a prevention team, consisting of a staff facilitator certified as an American Red Cross HIV/AIDS instructor (in the Basic, African American, or Hispanic HIV/AIDS instructor programs), youth peer leaders, and community volunteers as assistants. (See page vii for peer leader information.)

Other youth-serving organizations are also encouraged to use **Act SMART.**

WHY WAS ACT SMART DEVELOPED?

Act SMART was developed because young people are at risk of contracting HIV/AIDS. AIDS was unknown in 1980. By 1993 AIDS had become the leading cause of death for people ages 25-44 in the United States.

In June 1993 the National Commission on AIDS gave voice to the sense of urgency, saying, "In the months to come [the people of the United States] must either engage seriously the issues and needs posed by this deadly disease or face relentless, expanding tragedy in the decades ahead...."

HIV, the virus that causes AIDS, is among the most challenging and life-threatening public health problems facing young people in this century, and it continues to spread with time. Two important factors surrounding HIV infection and adolescents are—

1. One fifth of all people with AIDS are adults ages 20-29. Many were probably infected in their teenage years, since the average length of time between infection and onset of symptoms is approximately 10 years.
2. Many adolescents engage in behaviors that increase their risk for HIV infection.

Consider the following:

- Adolescent females are beginning sexual intercourse at an increasingly early age.
- Adolescents who begin sexual intercourse at younger ages are more likely to have multiple partners, increasing their chances of becoming infected with sexually transmitted diseases (STDs), including HIV.
- Use of alcohol and other drugs not only impairs judgment but is also considered to be a strong predictor of high-risk sexual activity.
- More than 4.5 million children ages 12-17 have used an illicit drug, and 1.4 million youth in this same age group currently use an illicit drug.
- Nationally, approximately one in four girls and one in six boys are sexually assaulted before the age of 18; studies indicate that a history of sexual abuse is associated with behavioral outcomes that place an individual at high risk for exposure to HIV—i.e., prostitution, teenage pregnancy, and having multiple sexual partners.

Adapted from the Center for Population Options
The Facts, January 1994

To make a difference, everyone must display commitment and perseverance. Education and behavioral change are the most effective tools against the spread of HIV infection. The curriculum builds on the philosophies and educational approaches of the Boys & Girls Clubs of America and the American Red Cross, which are detailed below and on the next page.

BOYS & GIRLS CLUBS OF AMERICA'S STATEMENT ON HUMAN SEXUALITY

This statement on human sexuality has been reviewed and recommended by Boys & Girls Clubs of America's National Health Project Advisory Council. It offers support and encouragement to interested Boys & Girls Clubs to assess the climate in their community and join with other community agencies to advocate or initiate appropriate programs for young people. These programs should address the informational and interpersonal dimensions of adolescent sexuality and, at the same time, remain sensitive to the community climate.

With escalating numbers of teenage pregnancies and the rising incidence of venereal disease and HIV infection, traditional avenues for dealing with young people regarding their sexuality are obviously not enough. Boys & Girls Clubs of America continues to recognize the family as having a primary role in sex education, and advocacy positions related to human sexuality as the prerogative of the family and the church. However, as a youth organization, Boys & Girls Clubs of America is concerned with the total human development of a young person, including a full understanding of one's sexuality, respect for the sexuality of others, and personal and interpersonal responsibilities of sexual activity and early parenthood. Human sexuality, in this context, is viewed as a function of the total personality and integral part of total health concerned with biological, psychological, sociological and spiritual variables of life that affect personality development and interpersonal relations. Boys & Girls Clubs of America, therefore, accepts responsibility for a supplemental role in sex education and related human development activities and supports the efforts of local Boys & Girls Clubs to join with families, religious institutions and other community agencies to create a favorable atmosphere and plan a meaningful youth program for understanding sexuality and its role in human relationships.

AMERICAN RED CROSS APPROACH TO HIV/AIDS EDUCATION AND YOUTH

The goal of American Red Cross HIV/AIDS education is to prevent the spread of HIV by—

- Encouraging people to respond in informed ways to the risk of HIV infection as well as to people who have HIV.
- Helping people to apply the facts about HIV to their own behavior.

The Red Cross provides HIV/AIDS education to the community in factually accurate, nonjudgmental, and culturally sensitive ways.

The Red Cross approach to sharing information with youth about the sexual transmission of HIV is a balanced one. It stresses that the most effective way to prevent the spread of HIV is not to have sex (to postpone sex) and not to use drugs. But recognizing that some youth engage in sexual behaviors that place them at risk, the approach also provides information on the role of latex condoms in HIV/AIDS prevention. While some adults have been concerned that teaching young people the facts about condom use will encourage them to become sexually active, current research shows that this is not the case.

The Red Cross recognizes the vital role of parents and families in educating their children about HIV/AIDS. Schools and community organizations should supplement parental education and encourage parent-child communication. Instruction should be provided for parents and teenagers.

The Red Cross recognizes that comprehensive health education is the most effective context for HIV prevention and education. This approach involves providing HIV/AIDS education from an early age before young people become involved with activities that may put them at risk of HIV infection. Education and training opportunities to reinforce life-saving information and skills need to continue into young adulthood with developmentally appropriate messages and strategies. The Red Cross has a commitment to supporting such education.

PROGRAM OVERVIEW AND CONCEPTUAL FRAMEWORK

Act SMART incorporates age-appropriate participatory learning activities. The program was developed based on the rationale that HIV/AIDS prevention education is most effective when young people have the opportunity to develop functional knowledge about HIV/AIDS, consider choices that support healthy behavior related to HIV/AIDS, and identify and practice skills that support those choices.

The **Act SMART** program emphasizes sexual abstinence, not using drugs, and not sharing needles as the most effective ways to prevent HIV infection. The program provides young people with information on the benefits of postponing sexual intercourse* and not using drugs along with opportunities to practice the skills needed to say "no" to risk-taking behaviors.

For young people who are engaging in sexual behaviors that place them at risk, **Act SMART** provides information on the role of latex condoms in HIV/AIDS prevention. Although parents, guardians, and others have been concerned that teaching young people the facts about condom use will encourage them to become sexually active, current research studies indicate that this is not the case.

OVERALL PROGRAM GOALS

- Increase participants' knowledge about the transmission and prevention of HIV and AIDS.
- Help participants examine personal risk behaviors and choices of behavior related to health, and for older youth, sexual activity and drug use.
- Help participants develop the skills needed to practice and maintain healthy behaviors that will eliminate or reduce the risk of contracting HIV.
- Increase participants' comfort when playing/going to school/working/living with people infected with HIV and/or AIDS.

PROGRAM COMPONENTS

Act SMART is an HIV/AIDS prevention/education program designed to be taught to children at elementary grade school level (suggested ages 6-9), junior high school level (suggested ages 10-13); and high school level (suggested ages 14-17).

UNIT I is for children ages 6-9 and emphasizes healthy behaviors and the development and maintenance of positive feelings about oneself and others. It also focuses on reducing fears about HIV and AIDS. It incorporates lessons on how to be compassionate to those who have HIV infection and stresses the fact that children cannot become infected through everyday social contact with people who have HIV infection at school or at play.

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*This curriculum uses the terms "sexual intercourse" and "sex" interchangeably.

UNIT II is for pre-teens ages 10-13 and focuses on making healthy decisions. Practice in making personal positive choices to prevent HIV infection is one of the main features of the program. Risk-taking behavior is examined and ways to resist risk-taking behavior such as alcohol/drug use and early sexual activity are practiced.

UNIT III is for teens ages 14-17 and offers a comprehensive skills approach to HIV/AIDS prevention. Postponing sexual activity and not using drugs are underscored. Activities focus on health, decision making, and the communication skills needed to practice healthy behaviors relating to sexual activity and drug use.

STRATEGIES FOR IMPLEMENTATION

1. POLICY ISSUES: INVOLVE YOUR BOARD

The key to most successful programming is board involvement and support. The magnitude of the HIV/AIDS epidemic and the legal, medical, and moral questions it presents, as well as the vulnerability of our young people, make it incumbent on Clubs[1] to examine associated policies and program issues. Board members might also be invited to serve as community volunteers on the prevention team.

Formulating a policy on health issues that include HIV/AIDS requires a review of legal and medical concerns related to both employees and Club members. Consultation with your organization's attorney, physician, local public health officials, and insurance carriers is essential. Any HIV/AIDS policy should be consistent with federal, state, and local laws and with organizational statements related to health issues. An excellent source of information is "Business Responds to AIDS," an initiative of the Centers for Disease Control and Prevention (CDC). The Manager's Kit and other information is available through the special hotline to the National AIDS Information Clearinghouse, **(800) 458-5231.**

For further information, see Appendix B, "Administrative and Policy Considerations: Regarding Members and Employees" from Boys & Girls Clubs of America's *AIDS Information Guidebook*.

2. IN-SERVICE TRAINING: COMMUNITY PRESENTATION AND CERTIFICATION

As a first step it is recommended that the basic HIV/AIDS community education session be conducted for all volunteer and paid staff by a certified Red Cross HIV/AIDS instructor.

Following this presentation, the staff facilitator and other members of the prevention team, if possible, should be identified as a candidate or candidates for the Red Cross Basic, African American, or Hispanic HIV/AIDS instructor training. Successful completion of any one of these trainings will lead to certification as a Red Cross HIV/AIDS instructor. *(Note: Minimum age for national certification*

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[1] The guidance given to Clubs is applicable to Red Cross chapters and other organizations involving and serving youth.

as a Red Cross HIV/AIDS instructor is 17; see item 4, below). Having certified HIV/AIDS instructors will make it possible for organizations to provide educational sessions for their membership as well as the community. Local Red Cross chapters can provide information on HIV/AIDS instructor training courses.

3. GUIDELINES FOR CONDUCTING THE CURRICULUM COMPONENTS

WHO USES THE MATERIAL?

A facilitator who is certified in any of the American Red Cross HIV/AIDS programs is intended to be the primary user of the **Act SMART** curriculum. The curriculum is also a resource for the other members of the prevention team—the peer leaders and community volunteers who assist in implementation of **Act SMART**. It is important for the prevention team to meet prior to implementation of the curriculum to discuss and clarify roles and responsibilities. Materials labeled Resource, which accompany some of the sessions, are written for the facilitator and other members of the prevention team. Handouts and Activity Sheets are designed for use by the participants.

HOW IS ACT SMART STRUCTURED?

Act SMART is a program divided by age level: **Unit I**, elementary grade school level (suggested ages 6-9); **Unit II**, junior high school level (suggested ages 10-13); and **Unit III**, high school level (suggested ages 14-17). The session activities are participatory, so the recommended size for a group is 12 participants. There are six sessions approximately 45-60 minutes long in each unit. **Some sessions may be divided into two separate meetings depending on the interest and to increase the opportunities for additional discussion.**

Meetings should be scheduled once or twice a week at the same time and place. Of course, the availability of the facilitator, peer leaders, and participants will affect scheduling. It is further recommended that **Act SMART** follow the **SMART Moves** program where possible.

4. UTILIZING PEER LEADERS

A primary feature of successful prevention programs is the involvement of peer leaders as integral members of the prevention team. The power of peer pressure and peer influence is widely recognized, and most often it is associated with negative behaviors. **Act SMART** aims to utilize this "peer power" to influence children and teens in a positive manner.

Teens chosen as peer leaders who are 17 or older can be certified as Red Cross HIV/AIDS instructors in the national Red Cross HIV/AIDS programs. Some Red Cross chapters have developed local HIV/AIDS peer education programs. Peer leaders can be a great resource not only as small-group facilitators but in planning Club/community presentations and planning community educational outreach programs.

5. INVOLVING PARENTS

Parents can play a vital role in ensuring the effectiveness of the program. It is important to recognize that one of the most challenging responsibilities in life is that of being a parent. Societal pressures, media and peer influences, the rise in drug use, and confusion in our society about sexual standards have made the job increasingly difficult.

To provide guidance through the sometimes stormy process of growing up, parents need programs and people who can help them help their children learn how to make healthy choices. In **Keep SMART**, the parent component of **SMART Moves**, you can find ways to help parents better understand the pressures youth face and improve communication with young people.

Information about HIV/AIDS touches areas that are difficult for some parents to discuss with their children. The natural enthusiasm of young people involved in a new program often spills over into the home as participants want to tell their parents what they are doing and ask them questions about what they are learning. Sometimes cultural, religious, and moral beliefs may make it difficult for children to ask and for parents to answer these questions. Some parents may feel they don't want their children discussing subjects such as sex and drug use. Involving parents right from the start can help them to understand the entire program and its value to their children.

The following are suggestions for involving parents:

- Invite them to a **Keep SMART** meeting in which you give an overview of **Act SMART**; emphasis should be on **Act SMART** as a health education program. To ensure participation, make provisions for childcare and travel and consider time, location, and providing refreshments.
- During the session, provide basic information about HIV/AIDS, how it is affecting the world, the country, and in particular young people. Explain how HIV is spread and not spread and how important it is to get young people to think about the kinds of behavior that might put them at risk. You may wish to schedule a basic Red Cross HIV/AIDS community education activity as part of this session.
- Make sure that you give parents an opportunity to ask questions and express their fears and concerns.

Prior to the start of the first session, you will need to obtain written parental or guardian permission for each young person who will be participating in the program (Unit I, II, or III). Appendix C is a sample permission letter to participate in Act SMART. Feel free to change this letter in any way to reflect your community's needs and concerns.

6. TIPS FOR FACILITATORS

HIV/AIDS is a new subject area for many youth leaders. Before you start planning and conducting **Act SMART**, take time to prepare yourself. Becoming certified as an American Red Cross HIV/AIDS instructor is recommended as the first step.

Take time to think about the **Act SMART** program and consider whether there is anything you find difficult to talk about with young people. It is inevitable in talking about HIV and AIDS that illness, sex, drugs, death, and dying enter into the discussion. You may find it less difficult to talk about these issues if you are prepared beforehand.

The materials in **Act SMART**, as well as those provided by the American Red Cross HIV/AIDS instructor training, are meant to help you sort out fact from fiction and prepare young people to make healthy choices.

We deal with information about HIV/AIDS on two levels. We can understand the facts about HIV/AIDS, but often AIDS forces us to talk about sensitive subjects. Our feelings may get in the way of the facts.

We bring our feelings, values, and attitudes into our communications. They affect the information we give and the way we give it. Leading the **Act SMART** program sessions may require you to deal with attitudes and values different from your own. It would be detrimental to your group to convey the message that participants can say only the things that you agree with. A topic you would rather not discuss might be the very one your group needs help with.

In conducting **Act SMART**, it is important to share the facts about HIV and AIDS without letting your personal beliefs and feelings get in the way. Using a nonjudgmental perspective in talking about HIV and AIDS recognizes the right of all people to their own values, attitudes, and beliefs. The American Red Cross HIV/AIDS programs provide instruction in how to do this, as well as how to share the facts about HIV and AIDS in culturally sensitive ways.

It is critical to create a climate of mutual respect. Let the participants know that their opinions, values, attitudes, and experiences are important. Provide a setting for the group that encourages learning in a relaxed atmosphere; keep the discussions free and open, and help participants follow the ground rules.

Be prepared for a participant to have an emotional reaction to discussion of content in a session. A participant could become upset for a variety of reasons. It is possible that a young person who becomes upset has a friend or family member who is infected with HIV. He or she may be worried about his or her own risk of infection, or, is in fact living with HIV or AIDS. A young person who becomes upset may have been sexually abused[2]. If a participant becomes upset, you will need to handle the situation in a sensitive manner. Handling an emotional reaction may involve taking a short unplanned break in the activity, individually talking with the young person who is upset, or in some cases providing referral information about counseling services, or, with an older youth, about sites for HIV testing.

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[2] See *Child Protection: A Child Abuse & Neglect Prevention Guidebook* For Boys & Girls Clubs for information on how to handle suspected child abuse or neglect.

Parts of *Tips for Facilitators* are adapted from *Action for Youth*, International Federation of Red Cross and Red Crescent Societies and the World Organization of the Scout Movement, Geneva, Switzerland, 1990.

UNIT I

HIV/AIDS EDUCATION CURRICULUM

ELEMENTARY GRADE SCHOOL LEVEL
(Suggested ages 6-9)

INTRODUCTION — AGES 6–9

Children between the ages of 6 and 9 are able to understand basic issues about health, illness, and sexuality, but they are understandably often frightened of the unknown and may exaggerate threats to their own health and safety.

Most young children have heard something about AIDS from TV, magazines, school programs, peers, adults, or, in some cases, from real-life situations involving a family member or a friend infected with the human immunodeficiency virus (HIV). Therefore, many of them may already know something about HIV and AIDS and have fears and questions.

In **Act SMART**, the HIV/AIDS education curriculum of the Boys & Girls Clubs of America and the American Red Cross, children are given the opportunity to—

- ✓ Learn what HIV and AIDS are.
- ✓ Explore their feelings about HIV and AIDS.
- ✓ Discuss how children can be compassionate and helpful to those infected with HIV.
- ✓ Recognize that they cannot get infected from everyday contact at school or play with people who are infected with HIV or who have AIDS.

Fundamental to learning healthy behaviors and assuming responsibility for one's health later in life is the development and maintenance of a positive feeling about oneself. In **Act SMART,** children have the chance to discover some of the ways they can stay healthy through the Red Cross poster "How Many Ways Can You Stay Healthy?"[1] and through the "Who Am I?" Activity Sheet that emphasizes some of their own "specialness" and the positive attributes each one brings to the group. The groundwork is also established to help children appreciate the differences among individuals and why these differences need to be respected.

Young people ages 6 to 9 need reassurance that people do not get HIV infection because they are bad. They also need to understand that it is mainly a virus that grown-ups get, although some mothers who have the virus may spread it to their children when they are born. Information about HIV and AIDS is reinforced through the Red Cross *Camp Itsamongus*[2] video. (The script for the video is included as Appendix F.)

Because children this age often have short attention spans, the majority of the activities focus on "participatory involvement" by the children. The activities are action-oriented and encourage creativity by "doing" rather than by simply listening or observing. For example, one activity provides an opportunity for the children to share some of their feelings and reactions to learning about AIDS by creating puppet characters and acting out a puppet show for others.

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[1] Poster packaged with this curriculum. First Aid for Children Today (F.A.C.T.) Lesson Poster Set. Available through your local Red Cross.

[2] *Camp Itsamongus* available through the American Red Cross Knox County Chapter, 214 Buntin Street, Vincennes, IN 47591; telephone (812) 882-2204.

Remember that the mix of ages and maturity levels of your group will influence group response to the activity. As with other lesson plans, you may need to adapt the sessions to fit the age and development level of the group. If you have a mixed-age group, the older children might help the younger children with some of the activities.

It is important to discuss AIDS in an open and honest manner without conveying shame, fear, or anxiety about people who have AIDS. Children 6 to 9 may not be ready to discuss sex and how it relates to AIDS. Therefore, the units and activities for this age group focus on how HIV, the virus that causes AIDS, is not spread through everyday casual contact.

If guidelines at your Club or organization permit discussion of sex at this age level, children's questions about sex should be answered honestly. They should be told that HIV, the virus that causes AIDS, can be spread if someone who has the virus engages in sex. Emphasize that sex is something grown-ups may do, and that it is not a good idea for children.

It is expected that children who complete this program will learn about behaviors that they can practice to keep themselves healthy; attain a level of factual awareness about HIV and AIDS; and understand that people who are ill, including people with AIDS, need to be treated with kindness and compassion.

Note: Remember to involve parents and guardians as suggested in the introduction (page vii) and to obtain their permission for participation in Act SMART.

OVERALL UNIT OBJECTIVES

Upon completion of the six-session unit, participants will be able to—

- Communicate two positive feelings about themselves.
- Describe three ways to stay healthy.
- Identify at least two behaviors they can use to stay healthy.
- Describe in simple terms what AIDS is and at least one way HIV, the virus that causes AIDS, is spread.
- Identify at least three ways HIV is not spread.
- Describe two or more feelings they have about AIDS.
- Communicate at least five ways to kindly treat people infected with the virus.

SESSION OBJECTIVES

Participants will—

SESSION 1

- Identify and discuss ways to stay healthy.

SESSION 2

- Identify and discuss some of the ways that they are the same; some of the ways they are different; and some of the ways they are special.

SESSION 3

- Communicate their feelings about being healthy and being sick.

SESSION 4

- Identify and describe what AIDS is; how HIV, the virus that causes AIDS, is not spread from one person to another; and how children rarely get HIV and AIDS. Participants will discuss how HIV is spread through blood and how to be careful with blood.

SESSION 5

- Discuss how everyday casual contact with people who have HIV does not spread the virus.

SESSION 6

- Share feelings concerning HIV infection and AIDS through the performance of a puppet show.

UNIT AND ACTIVITIES AT A GLANCE

AGES 6-9

SESSION 1: STAYING HEALTHY

• Introduction/Ground Rules	5 min.
• Icebreaker	10 min.
• How Many Ways Can You Stay Healthy?	20 min.
• Making a "Staying Healthy" Scrapbook	20 min.
• Closure	5 min.
TOTAL TIME:	**60 MIN.**

SESSION 2: WHO AM I?

• Introduction	5 min.
• "Who Am I" Activity	20 min.
• Discussion/Summary	5 min.
• Making a Mobile	15 min.
• Closure	5 min.
TOTAL TIME:	**50 MIN.**

SESSION 3: FEELINGS

• Introduction	5 min.
• Happy Face/Sad Face	15 min.
• "Feel Better" Greeting	20 min.
• Closure	5 min.
TOTAL TIME:	**45 MIN.**

SESSION 4: LEARNING ABOUT HIV AND AIDS

• Introduction	5 min.
• *Camp Itsamongus* video or story	20 min.
• Discussion Questions	20 min.
• Closure	5 min.
TOTAL TIME:	**50 MIN.**

SESSION 5: HOW HIV IS NOT SPREAD

• Discussion	10 min.
• Musical Chairs	10 min.
• "HIV Is Not Spread By…"	20 min.
• Closure	5 min.
TOTAL TIME:	**45 MIN.**

SESSION 6: SHARING FEELINGS

• Introduction	5 min.
• Making Puppets/Practicing a Script	40 min.
• Planning a Puppet Show	10 min.
• Closure	5 min.
TOTAL TIME:	**60 MIN.**

Depending on the size and maturity level of your group, the time for these sessions may need to be adjusted.

SESSION 1: STAYING HEALTHY

OBJECTIVE: Participants will identify and discuss ways to stay healthy.

TIME: 60 minutes

MATERIALS, RESOURCES NEEDED:

- ✓ Newsprint, magic markers (watercolor)
- ✓ Paper and crayons or pencils
- ✓ Magazines, scissors, paste
- ✓ Construction paper (different colors)
- ✓ Tape measures or rulers
- ✓ Stapler or paper punch and yarn or string cut into pieces approximately 10 inches long
- ✓ "How Many Ways Can You Stay Healthy?" poster. (Poster packaged with this curriculum. It is also available as part of First Aid for Children Today [F.A.C.T.] Lesson Poster Set, through your local Red Cross.) Pre-post it in front of the room and review the information on the back of the poster prior to the session.

Note: Leaders need to be prepared to respond to children who appear particularly quiet, withdrawn, or perhaps even hostile and angry when the subject of healthy behaviors, HIV, or AIDS is discussed. Some participants may be in a family situation where a parent, sibling, or close friend has been infected with HIV or has developed AIDS. Children may also be in situations where health is not a priority and the value of healthy behaviors is not stressed.

Discuss the term HIV as well as the term AIDS with the children. A child's level of readiness is not only a function of age, but also the result of maturity and previous learning. Refer to HIV as the virus that causes AIDS. Let them know that each one of us has an immune system, or protective defense, which is the part of the body that kills germs and helps us stay healthy. In those who are infected, HIV attacks this protective defense and can overpower it.

A person can be infected with HIV for many years before feeling or even looking sick. It is when HIV begins to weaken a person's immune system or body defenses so it can no longer defend itself that the person begins to show signs of being sick. It is at this point that someone has developed AIDS.

INTRODUCTION

Tell the children that they will be spending the next few weeks in a program called **Act SMART**, a program that will help them learn about HIV and AIDS. Stress the point that AIDS is primarily a grown-up illness and although children can get HIV, they rarely do. Tell them that they probably have heard about HIV and AIDS on TV or in school. Explain that in this new program they are going to have opportunities to discuss—

- What they can do to keep their bodies healthy.
- How they can help people who are sick.
- What HIV and AIDS are.
- How HIV, the virus that causes AIDS, is not spread from one person to another.
- Why it is O.K. to be around people who have AIDS or HIV, the virus that causes AIDS.

GROUND RULES

Set the ground rules for the program just as you would for any other Club/organization program or event. This is an excellent time to introduce peer leaders or assistants who may be helping during these sessions. Tell participants that many of the activities will take place with them sitting in a circle in a relaxed, casual atmosphere.

Explain that the following ground rules will apply:

- Only one person at a time will talk; participants should not interrupt one another.
- Everyone is encouraged to participate; everyone has the right to pass when they feel uncomfortable.
- Everyone must respect the feelings, thoughts, and ideas of others by not laughing at or making fun of anyone else.

Note: Facilitators/leaders need to be sensitive to the fears, misconceptions, and ideas children at this age (6-9) may have about AIDS.

ICEBREAKER

As an icebreaker, have the children form a circle and sit on the floor. Ask them to think of an animal that they believe is most like them and why. Provide clues such as, *"It could be a circus or zoo animal; it could be a pet like a dog or a cat."* When everyone, including the facilitator/assistants, has thought of "their animal," the facilitator should start off by telling the group the kind of animal he/she is most like and why. For example, *"I am most like a giraffe because I am big and tall and graceful,"* or, *"I am most like a puppy dog because I am very active and always hungry,"* and so on.

Although the "animal" character is the easiest to do—especially with younger children—for variety you may wish to substitute the kind of food they are most like and why.

"HOW MANY WAYS CAN YOU STAY HEALTHY?"

Once the Icebreaker is complete, go on to the "Staying Healthy" activity.

Point to the Red Cross "How Many Ways Can You Stay Healthy?" poster. Review the animal characters in the poster and in a give-and-take discussion describe something about the characters from the information provided on the back of the poster. Next, ask the children to look at the poster again and identify what each of the animals is doing to stay healthy. For example, "The skunk is brushing his teeth."

Note: If your group consists of mostly younger children (ages 6-7), as an alternative, you might want to read the Poster Story (also on the back of the poster) and shorten the discussion times.

Once the children have identified what it is that the animals are doing to stay healthy, elicit ideas from the participants about the kind of things that "children their age can do to take care of their bodies." You may need to get the discussion going by referring to the healthy animal activities in "How Many Ways Can You Stay Healthy?" poster and then give some examples:

- Playing a sport
- Good grooming (washing hands, combing hair, brushing teeth, etc.)
- Eating fruits, vegetables, and grains

List "staying healthy" ideas volunteered by participants on newsprint to reinforce them.

MAKING A "STAYING HEALTHY" SCRAPBOOK

Explain to the participants that they are going to be making a "Staying Healthy" scrapbook as part of this new and exciting program. The scrapbook will show the activities that they are doing to keep themselves healthy. It will have pages they can use to illustrate new and different ways to take care of their bodies, and it will also include some of the healthy activities that they will be doing in the program. They will be able to take it home with them after all of the sessions are completed.

Tell participants that today they are going to make a special cover for their "Staying Healthy" scrapbook.

Pass out two pieces of construction paper to each child, along with crayons/markers, and assorted magazines and ask the children to either draw or cut pictures out of magazines that show an "activity" or some "thing" that helps them stay healthy. Paste pictures on sheets of construction paper.

Instruct them to staple the front and back covers together, or, when possible, have them punch holes in the side/top to hold the covers together with string or yarn. This will make it easier to add to the scrapbook as they complete additional activities. Have the older children (8- and 9-year-olds) assist the younger children (6- and 7-year-olds) when necessary.

Encourage the children to use their imaginations and be as creative as possible in making their covers. There is no right or wrong way. Each cover should be a unique reflection of its creator. To get them started, suggest they use the "How Many Ways Can You Stay Healthy?" poster as a model for their ideas.

CLOSURE

Once participants have completed their scrapbook covers, ask them to show the healthy activity they chose to the group, and explain a little about it and why they chose it. Be sure that their names are on the scrapbooks, and collect them for the next session.

Tell the participants when and where Session 2 will be held and that you look forward to seeing all of them next time.

SESSION 2: WHO AM I?

OBJECTIVE: Participants will identify some of the ways that they are the same, some of the ways they are different, and some of the ways they are special.

TIME: 50 minutes

MATERIALS, RESOURCES NEEDED:

✓ "Staying Healthy" scrapbook

✓ "How Many Ways Can You Stay Healthy?" poster

✓ "Who Am I?" activity sheet and crayons, and watercolor magic markers

✓ Rulers or tape measures

✓ Material for mobile (five pre-cut strips of construction paper, five pieces of string, tape, and a coat hanger)

✓ Newsprint

INTRODUCTION

To start the session, point to the "How Many Ways Can You Stay Healthy?" poster and remind the children what you worked on in the last session. Explain to participants that in this session they are going to examine some of the ways they are special. They will first explore the "who they are that people can see," such as the color of their eyes, hair, and some other physical features. Next, they will have a chance to identify the "who they are that people cannot see" simply by looking at them. Some of them, for example, might be able to run fast, sing well, be funny, and so on.

"WHO AM I?" ACTIVITY

Distribute the "Who Am I?" activity sheet. Provide participants with the materials they will need to complete the activity sheet (crayons, markers, rulers, tape measures).

Point out that this personal profile (something that is only about them) will help them to see that each of them is unique. Tell them that each of us is truly one of a kind. This activity will show them some of the physical things that make them special. Explain that knowing that you are special is a beginning step to wanting to take care of your body and protect it from harm.

Tell participants that when they complete the activity sheet, it will become the first page in their "Staying Healthy" scrapbook.

PART ONE. Ask the children to color in their hair, eyes, and skin color with crayons or markers. Remember to have a mix of different-colored crayons or markers so children can pick colors close to their own eyes, hair, and skin.

PART TWO. Rulers or measuring tapes will be required for this activity. Most measurements will fall between 5 and 20 inches.

Children can either measure their own arms, fingers, toes, and feet or they can break into same-sex pairs, with the older children (ages 8 and 9) helping the younger ones (ages 6 and 7).

- Ask the children to point to their elbow and then to their wrist. By example, show children how to measure the length of their arms from the elbow to the wrist. Do the same with the fingers, toes, and so on.
- Pass out rulers or tape measures. As the participants complete each measurement, ask them to put their "special" numbers in the places shown on the activity sheet. For example, next to the words "length of arm" is a picture of a child's arm from elbow to wrist. There are spaces in the drawing for them to fill in the result of their measurements.

DISCUSSION

When the activity sheets are completed, have participants sit in a circle. Ask for volunteers to share some of the physical traits that are part of their "Who Am I?" activity sheet. Reinforce their sharing with positive comments. For example, if a participant responds by saying "brown hair," you might comment on how nicely it is brushed or combed.

Next, the participants will have a chance to identify "some things about themselves that people can't see" just by looking at them. For example, it might be something they do, such as being helpful to their mother at home, or drawing or singing well, or being able to run fast.

Go around the circle and ask participants to volunteer at least one positive thing about themselves that people can't see just by looking at them right now. As the children volunteer their responses, the facilitator should make positive comments about each trait. For added emphasis, you might want to list each trait, along with the child's name, on newsprint.

SUMMARY

Point out that although everyone has something special about them, everyone is different in certain ways, too. For example—

- Ask the children to talk about the many ways everyone is different/special.
- We all have different interests and talents. Some of us excel at or enjoy sports and games, reading, music, dancing, etc. (If you can include everyone, you might illustrate this by connecting it to the traits children volunteered in the previous discussion.)
- We all have very different families. We mav live in different kinds of homes.
- We are different sizes, shapes, and colors.

- We look different from one another.

Underscore the point that we are the same because—

- We all have many of the same needs, such as the need for food, water, sleep, play, and the need to be loved and cared for.
- We all need to learn ways to stay healthy. Go around the circle and ask for volunteers to describe a way that might help children like themselves stay healthy. (Many of their answers, such as ***eat the right food, eat a good breakfast, exercise at the Club,*** may reinforce the information from the "How Many Ways Can You Stay Healthy?" poster used in the previous activity.)

MAKING A MOBILE

Conclude with the concept that it's O.K. to be different. Sometimes we make fun of people who are different, and this is not O.K. because it can hurt their feelings. Ask children to volunteer situations that happened to them or someone they know because they were different. Ask them to come up with five ways to treat other people regardless of whether they are the same or different from themselves. Write the five ways on different-colored strips of construction paper, attach a string to each strip, and tie them to a coat hanger for the "How to Treat Others" mobile. Tell participants that this mobile will be displayed in the front of the room throughout the program and that they will have opportunities to add to it in future sessions.

CLOSURE

Instruct participants to put their completed "Who Am I?" activity sheets in their scrapbooks.

Tell the participants when and where Session 3 will be held and that you are looking forward to seeing each of them next time.

"Who am I"
Activity Sheets
Part One

Color of your hair —
(Color in the picture)

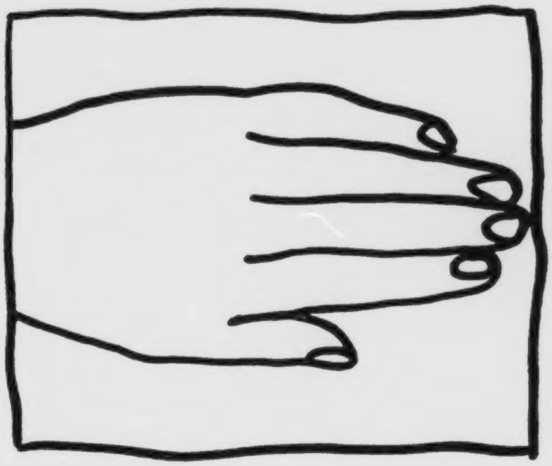
Color of your eyes —
(Color in the picture)

Color of your skin—
(Color in the picture)

"Who am I"

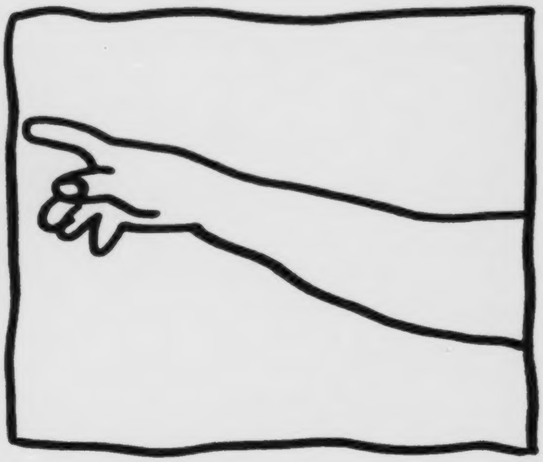
Activity Sheets

Part Two — Measurements



Length of fingers:

____



Length of arm from elbow to wrist:

____

Size of feet:

____

Length of toes:

____

SESSION 3: FEELINGS

OBJECTIVE: Participants will communicate their feelings about being healthy and being sick.

TIME: 45 minutes

MATERIALS, RESOURCES NEEDED:

✓ Two pieces of construction paper per participant, pre-cut into circles that children can use to draw two faces

✓ Crayons and watercolor markers

✓ Strips of paper to add to the mobile

INTRODUCTION

Bridge from the last session by asking the participants to name one special thing they learned about themselves from the last session. Tell participants that today they are going to discuss some of their feelings and thoughts about staying healthy. Explain that the choices they make every day about eating, sleeping, exercising, and taking care of their bodies can help them stay healthy.

Ask them to discuss some of the choices they made today that they think will help them to stay healthy. To get the discussion going, you might ask one or more of the following questions:

- Who ate fruits and vegetables today?
- Who washed their hands before eating?
  ...after using the bathroom?
- Who brushed their teeth today?

Emphasize the positive choices they volunteer. Explain that even though children sometimes get sick or injured, they all have a responsibility to try to keep themselves healthy. But if someone does get sick, friends, family members, and schoolmates need to be as helpful and as kind as possible.

HAPPY FACE/SAD FACE

Pass out the pre-cut construction paper circles, crayons, and markers and ask participants to draw and color a happy face and a sad face. Explain that you are going to tell them some short stories about being healthy or being sick. They are to tell you how they feel about what you said by raising a happy face if it makes them happy or by raising a sad face if it makes them unhappy. This activity seems to be enjoyed particularly by younger children (6-8 years old).

1. **YOU AND EVERYONE IN YOUR FAMILY FEEL GREAT.** No one is sick and everyone is healthy. Today when you went to camp or school, your teachers said how happy they were to see you and noticed how nice you were to other children.

   KEY POINTS TO MAKE: *Most of you raised your happy face when you heard this story because people feel good when they are healthy. It also makes you feel good when your teacher or anyone treats you with kindness and understanding and says nice things about you and what you do. (Note: If someone raises a sad face and responds inappropriately to the statement, you might wish to ask them to share their thoughts and feelings, or you may wish to speak with them after the session.)*

2. **ONE DAY YOU DIDN'T FEEL WELL.** You had a cold, but went to play with your friend anyway. You sneezed and you didn't cover your nose and mouth. Your friend's mother saw this and she said you were spreading germs.

   KEY POINTS TO MAKE: *Most of you showed a sad face. Whether a person is sick or healthy, everyone wants to be treated kindly. An illness such as a cold is caused by germs. That's why people need to cover their noses and mouths when they sneeze and wash their hands and not drink out of the same glass as other children. Sometimes you can't visit friends who are sick because you may catch their illness. You could catch a cold, the flu, or chicken pox. There are many illnesses you don't need to worry about catching. A health problem such as an allergy is not caused by germs. An allergy is a negative reaction to certain chemicals in food, pollen from flowers, even animals like dogs or cats or a number of other things. You don't have to worry about visiting someone with allergies, a broken arm, stitches, heart disease, or AIDS. Most children are healthy and only get sick once in awhile.*

3. **ONE OF YOUR FRIENDS FROM THE CLUB WAS SICK** and got cards and letters from everyone in the neighborhood to show how much they cared.

   KEY POINTS TO MAKE: *Most of you showed a happy face. When people are sick, it makes them happy when someone sends them a card or a picture. You can help people who are sick by showing you care and hope they feel better soon.*

   ALTERNATIVE ACTIVITY FOR 9-YEAR-OLDS: Instead of reading all of the stories above, encourage the participants to tell their own short stories about being well or sick. Using the same format, ask for volunteers to tell stories. Children will then respond with the happy or sad faces. The facilitator will need to emphasize the positiveness of being healthy and doing whatever one can to stay healthy. It should also be stressed that those who are sick need understanding and kindness.

“FEEL BETTER” GREETING

As an end to the activity, ask participants to draw a picture or make a get-well card for someone who is sick. For those who do not know someone sick, have them send their card to the local hospital, nursing home, or pediatric medical center. Local AIDS service organizations can be resources for names of persons who may appreciate such a greeting.

CLOSURE

After everyone has had a chance to express their feelings about being healthy and being sick, reinforce the concept that those who are sick need understanding and kindness, including special help when needed.

Add to the “How to Treat Others” mobile based on today’s session.

Tell the participants when and where Session 4 will be held and that you look forward to seeing all of them next time.

SESSION 4:
LEARNING ABOUT HIV AND AIDS

OBJECTIVE: Participants will identify and describe what HIV is and what AIDS is, how HIV is not spread, and how children rarely get HIV. Participants will also discuss how HIV is spread through blood and how to be careful with blood.

TIME: 50 minutes

MATERIALS, RESOURCES NEEDED:

- ✓ *Camp Itsamongus* video (15 minutes) or transcript of the video to read as a story. (If you plan to use the story, have fun and practice telling the story in an imaginative way, or you may enlist the help of a local storyteller, if available.) The transcript of *Camp Itsamongus* is in Appendix F.
- ✓ VCR

CAMP ITSAMONGUS VIDEO/STORY

Bridge from the last session by asking participants to give examples of what is happy about being healthy and what is sad about being sick and ways to show kindness to others. Tell them that today they are going to see a videotape or hear a story that will help them learn more about AIDS. It is a story about summer camp, some friends named William and Ralph, and HIV and AIDS. It was developed by the American Red Cross, Knox County Chapter, Vincennes, Indiana.

Discuss the video or the story using the discussion questions listed below. Encourage participants to verbalize their feelings. End the discussion of each question with the factual information in parentheses. Before proceeding from one question to the next, make sure that everyone has a clear understanding of these facts. The questions with an asterisk (*) require additional discussion. The others should be reviewed if time permits.

DISCUSSION QUESTIONS

- *Why do you think William was afraid of someone with AIDS?

  (He didn't know much about the disease and was afraid he would get it.)

- *Sometimes when people talk about AIDS they talk about HIV, too. What does HIV mean?

  (HIV is the germ that causes AIDS. This kind of germ is a type of a virus. Sometimes people call the virus that causes AIDS the "AIDS germ" or the "AIDS virus" instead of its real name, HIV.)

- *How does HIV cause AIDS?

  (Germs get inside us every day, but our bodies can usually fight the germs. The immune system, or "fighter" system, is the part of the body that kills the

germs. When Ralph got HIV, Ralph's "fighter" system was unable to kill the virus and after some years Ralph developed AIDS.)

- What were some of the ways William thought you could get HIV?

  (Touching, eating, drinking, swimming, sleeping in the same room, breathing the same air, coughing.)
- Do you think you can get HIV from these? *(No.)*
- If you knew Ralph, would you be afraid to be his friend?

  (You don't have to be afraid of Ralph because you can't get HIV, the virus that causes AIDS, from playing or going to school with him.)
- Did Ralph look sick? *(No.)*
- What was the most important camp rule at Camp Itsamongus?

  (Be kind to one another.)
- Why is this rule important to remember for people who have AIDS?

  (Because they are people who are sick and we should not be afraid of them or be mean to them just because they have AIDS.)
- Do you think people can get HIV from blood?

  (Yes, there is a chance of getting HIV if blood from a person with HIV gets in a cut or opening in the skin of another person. That is why people need to wear latex gloves when they come in contact with another person's blood.)

  You can remind the group to avoid coming in contact with another person's blood. If they see blood on the playground or on the floor, they should avoid it. If they see an injured person bleeding, they can find an adult to give first aid. If they know how to give first aid, they should put on latex gloves if they have them and use a clean cloth as a barrier between themselves and the person's blood. Even if their hands look clean, they should wash them with soap and water soon after giving first aid.
- Does someone look sick when they have HIV? When they have AIDS?

  (HIV, the virus that causes AIDS, can be in the body for a long time without the person feeling or acting sick. Many people with HIV look healthy. Once the "fighter" system in the body gets weak and can no longer fight HIV, a person may show signs of being sick and develop AIDS. However, not everyone with AIDS looks sick all the time.)
- How did Ralph learn about AIDS?

  (From a booklet and by having the disease.)

- Would you want Ralph to go to your Club or school and be your friend?

  (There is no reason why Ralph should not go to your Club or be your friend.)

- Do you think William needed to wear latex gloves at Camp Itsamongus?

  (No. You can't get HIV from touching.)

- When might people need to wear latex gloves to avoid HIV?

  (When you might come in contact with another person's blood, such as when helping with first aid or cleaning up blood from the floor.)

At the end of the discussion, emphasize the following five points:

- Children can't get AIDS by playing together and going to school with someone who is infected.
- Children like yourselves rarely get HIV, the virus that causes AIDS.
- There is no cure right now for AIDS, but scientists all over the world are working hard to find one. That is why it is important for everyone to learn ways to stop HIV from happening.
- To help protect yourself from HIV, the virus that causes AIDS, do not touch another person's blood.
- Do not pick up old needles or syringes you might find. Tell an adult about any needles or syringes you might see. Stay away from litter or trash that you find on the street, playground, etc.

Discuss the following additional questions if time allows:

- What are some examples of how getting the facts about HIV and AIDS helped William?
  (He didn't need to be afraid of getting HIV from Ralph, for example.)
- If you have some questions or fears about HIV or AIDS, is there someone you can go to?
  (Parents, guardians, and teachers are potentially people that children can go to. Also, let them know that you can answer questions.)
- What new things about HIV and AIDS did you learn from watching the video (or hearing the story)?

CLOSURE

Be sure that everyone has a clear understanding of the facts communicated in the *Camp Itsamongus* video/story.

Ask participants to add to the "How to Treat Others" mobile based on what they learned from the video/story.

Tell the participants when and where Session 5 will be held and that you look forward to seeing all of them next time.

SESSION 5:
HOW HIV IS NOT SPREAD

OBJECTIVE: Participants will identify and discuss how everyday casual contact with people who have HIV (the virus that causes AIDS) does not spread the virus.

TIME: 45 minutes

MATERIALS, RESOURCES NEEDED:

- ✓ *Camp Itsamongus* video or story for reference
- ✓ HIV Is Not Spread By... coloring activity sheet (copy for participants)
- ✓ Crayons or markers
- ✓ Tape player for musical chairs game
- ✓ Chairs
- ✓ Several strips of paper, on each of which is written a different way HIV is not spread. Each strip is taped to the bottom of the chair of a participant.

  INCLUDE: sharing pencils, sharing seats, playing, eating at the same table, sneezing, sharing toys, hugging, holding hands, sitting on the toilet seat, using the water fountain.

  ALTERNATIVES: coughing, playing with toys, using a cup or glass, talking on the telephone, being in the same room, eating from the same dish, getting bitten by a mosquito, using the same shower, swimming together.

DISCUSSION

Bridge from the last session by asking participants to think about the video they saw recently about Camp Itsamongus. Ask them to give examples of how HIV is not spread. Remind them that HIV and AIDS can't be spread like a cold or the chicken pox, and that it can't be spread by activities such as:

- Coughing.
- Sharing toys.
- Touching someone.

This discussion can mainly focus on how HIV is not spread. However, children may ask how HIV is spread. Listening to their questions, you can determine whether it is appropriate to include sex in the discussion of the ways HIV is spread. Often, children at this age have heard that HIV has "something" to do with sex. See the section on page 26, "Answering Children's Questions About How HIV Is Spread."

The main teaching messages are how HIV is not spread and that children can play and go to school with a child who has HIV or AIDS. They don't need to be afraid of getting HIV through everyday casual contact.

Tell participants that some people may be afraid of HIV because they don't know how it is not spread from one person to another, so it's important that they have the correct information. Fortunately, HIV is a very hard disease to get.

MUSICAL CHAIRS

Explain that they are going to find out, through a game of musical chairs, how HIV is not spread. Have them sit in a circle to play. Explain that you are going to play music, remove one of the chairs from the circle, and ask them to go around the circle until the music stops. When the music stops, they are to try to find a chair. The child left standing will go to the removed chair, take the strip of paper that is taped to the bottom, and give it to the facilitator. The facilitator will then read it and ask, "Can you get HIV by...?" The child standing can answer, or you can ask for volunteers. Continue until the strip is read from the last chair in the circle.

ACTIVITY

Distribute the "The HIV Virus Is Not Spread By..." picture activity sheet. Instruct children to color in all the pictures of how HIV cannot be spread. Once everyone has completed the coloring, review the answers emphasizing the ways that HIV cannot be spread.

Have children add the activity sheet to their scrapbook.

ANSWERING CHILDREN'S QUESTIONS ABOUT HOW HIV IS SPREAD

If guidelines at your Club or organization include discussion with this age group about sex, answer children's questions about sex honestly and tell them that HIV can be spread if a person has sex with someone who has the virus.

Having sex is the way babies are made. Emphasize, however, that sex is something grown-ups may do, but it is not a good idea for children. Children's bodies are not ready for sex. When they grow up, then it will be time for them to choose whether, when, or with whom to have sex.

[If you are going to have this discussion, it is very important to listen carefully to the children's responses and look carefully at their reactions. Some children may be in abusive situations, and this may be an opportunity to intervene.]

If you include sex in your discussion, point out that one of the most likely ways that HIV is spread is through sex with someone who is infected with HIV, the virus that causes AIDS.

If you do not include sex and want to discuss how HIV is spread, state that HIV is hard to get, and is spread through some fluids of the body, especially blood. Tell them that body fluids, like spit from your mouth, mucus from your nose, sweat, feces, and urine do not spread HIV.

Point out that before the participants were born, some people got HIV through blood transfusions, but now all blood in hospitals is checked very carefully for HIV, the virus that causes AIDS, and the likelihood that anyone will get HIV through a blood transfusion today is very low.

If children ask about babies getting HIV from their mothers, tell them that a mother infected with HIV can give HIV to her baby before or during birth, or though breast feeding. If children ask about getting HIV from needles, tell them that using a needle that someone with HIV has used can spread HIV because there can be blood with HIV in it on the needle. That's why, for example, when people get their ears pierced, it's important to use a new, clean needle and not share a needle. That's why doctors use new, clean needles to give shots.

CLOSURE

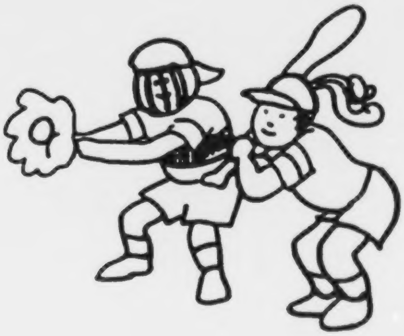
Be sure that participants have a clear understanding of the terms HIV and AIDS, that they know how HIV is not spread, and that they understand that children rarely get infected with HIV.

Add to the "How to Treat Others" mobile based on today's session.

Tell the participants when and where Session 6 will be held and that you look forward to seeing all of them next time.

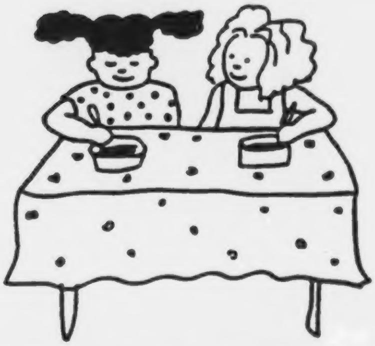
HIV is *NOT* Spread by:

Each picture shows a way HIV is not passed. Color in all the pictures.



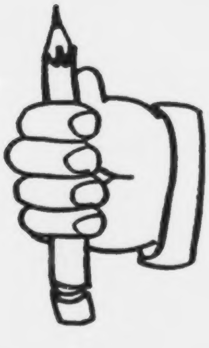
Playing sports

Shaking/holding hands



Eating at the same table
(from the same dish)

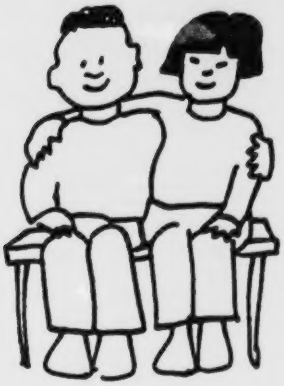
Using the same shower



Sharing Pencils

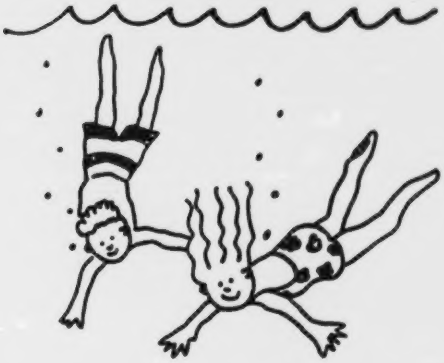
Telephone

Getting bitten by
a mosquito



Sharing seats

Being/sleeping in the same room
with someone infected



Swimming together

Playing with a child who's infected

Water fountains

Toilet seat

Sharing toys

SESSION 6:
SHARING FEELINGS

OBJECTIVE: Participants will share some of their feelings about HIV and AIDS through the performance of a puppet show.

TIME: 60 minutes. This session may need to be extended to two sessions. One session is to make the puppets, practice skits, discuss, and close. The other session is to present the skits. Additional practice time may be needed if skits are presented to others, such as parents.

MATERIALS, RESOURCES NEEDED:

- ✓ Make puppets by following the directions adapted from **SMART Moves**' "Wexler & Friends Puppets: How to Do It." See Appendix G as a guide for ideas on how to make puppets. The script for this session is also in Appendix G.
- ✓ Materials to make puppets
- ✓ Posterboard and markers to record script
- ✓ Pre-boarded stories
- ✓ Puppet show scripts—handouts A and B (copy as needed)
- ✓ Puppet theater—large cardboard box or card table

INTRODUCTION

Tell participants that they are going to have the opportunity to express some of their feelings about HIV and AIDS by making puppets and doing a show about AIDS. Ask participants to sit in a circle.

Explain to the children that you are going to read them two short stories you have written on newsprint. They can use one of these stories to create a puppet show about HIV and AIDS, or they can make up their own story. Read "Annie and David."

STORY 1—ANNIE AND DAVID

Annie tells her fellow Club members, María, J.R., and Ricky, that she made a new friend named David who has HIV. She wants to bring him to join the Club.

Some of these friends don't know anything about HIV and are afraid to meet Annie's new friend. María thinks that Annie's friend will give her AIDS. Some friends want Annie to bring David to the Club to join.

After reading the story, ask the children—

- How do you think David feels? Why do you think he feels that way?
- How do you think Annie feels? Why do you think she feels that way?

- Why do you think some people might be afraid to meet David?
- What does Annie know that some of the other children might not know?

Next, read "Barbara, Mary, and Fred."

STORY 2 — BARBARA, MARY, AND FRED

Barbara and Mary are playing in the school yard. Mary sees a needle and a syringe on the ground. Mary thinks it might be dangerous to pick it up and take it to her teacher. Fred comes over with a group of his friends. Mary and Barbara tell Fred and his friends their fears. Fred dares them to pick up the needle.

After reading this story, ask children—

- How does Mary feel? Why?
- Why do you think Mary and Barbara might be afraid?
- Why do you think Fred is acting the way he is?
- What might Fred be thinking?
- Think about what you have learned. What can Mary and Barbara do about the needle and syringe and keep themselves safe?

Depending on the size of your group, divide it into two to three smaller ones. Instruct each group to choose a story—the one about Annie and David; the one about Barbara, Mary, and Fred; or their own made-up story—to use for their puppet show. There is a script that goes along with the first two stories. (See Handouts A and B, pages 37-43.)

MAKING PUPPETS/PRACTICING A SCRIPT

Introduce the groups to the appropriate script for their show. Help them to identify the kind of puppets they want to make to represent the children in their script. A facilitator/leader will need to work with each group to make the puppets and review the short (two-page) script. Ask the oldest group member to act as the director and help organize the show.

Appendix G, "Wexler and Friends Puppets: How to Do It," contains patterns for the puppets.

PLANNING A PUPPET SHOW

Ask children to come up with a plan, which consists of the following:

- Additional time to finish their puppets (if they are unable to complete in this session).
- A practice schedule to rehearse their parts.
- An idea of who their audience will be (other children, parents, etc.).
- How they will get people to come (posters, flyers, etc.).

Once the children have committed to a schedule, set times for additional sessions.

SUMMARY/CLOSURE

This is an ideal time to summarize some of the concepts that were discussed in the previous five sessions. Be sure that the participants understand that HIV is the virus that causes AIDS, the disease.

POINTS TO EMPHASIZE INCLUDE—

- A review of the ways HIV is not spread.
- The importance of having compassion toward those who are infected with HIV.
- The fact that most children do not contract the virus (HIV) and therefore do not have the disease (AIDS).
- The importance of sharing feelings or areas of concern about HIV or AIDS with an adult they trust.

If you haven't done so yet, try to find a permanent place at the Club or wherever your group is meeting for the "How to Treat Others" mobile.

REVIEW PLANS FOR THE PUPPET SHOW.

- Confirm the times and dates for additional practice sessions.
- Be sure there is a set date for the show.
- Review the publicity that is needed to get people to come to the show.
- A pizza party or reception for participants and members of the audience might be appropriate after the show.

Once the puppet show is completed, ask children to include their puppets as part of their scrapbooks. At the end of the program, ask children to take their scrapbooks home.

ANNIE AND DAVID

HANDOUT A

ACT I—AT THE CLUB

(Annie is standing around at the Club talking and laughing with her friends, J.R., Ricky, and María.)

ANNIE: Hey, you guys, there is a new kid, David, who just moved to my street. My mother knows his mother and I think it would be a good idea to bring him to the Club. But... I'm not really sure. I want everyone to be nice to him.

J.R.: Why are you telling us? Just have him come.

RICKY: Yeah. We need some more kids around here.

MARÍA: Why aren't you sure about bringing him?

ANNIE: Well, I know that you can't get HIV, the virus that causes AIDS, just by playing or going to school with someone who has the virus. And David... *(is interrupted by María.)*

MARÍA: You mean this kid has AIDS? I'm not so sure about having him come to the Club. What if we catch it from him?

J.R.: Well, you know this program—**Act SMART**—that Ricky and I went to, the program where we learned about HIV and AIDS. We learned that you don't have to be afraid of someone who has HIV or AIDS.

MARÍA: Why not?

RICKY: We won't catch HIV, the virus that causes AIDS, from playing with David, Annie's friend.

ANNIE: You can't catch the disease from playing sports, shaking hands, or eating at the same table with someone who has HIV. No one needs to worry about playing with David.

J.R.: Yeah, you can't get it by sharing pencils, swimming together, sharing the same seat, drinking out of the same water fountain, or anything like that.

MARÍA: I didn't know any of that stuff.

RICKY: That's why you acted like you might be afraid. And you don't need to be.

J.R.: I was, too. But then I went to the **Act SMART** program and I learned a lot about HIV and AIDS.

MARÍA: I'm going to go to **Act SMART**.

ACT II—NEXT DAY AT THE CLUB

(Annie walks in with David and María.)

J.R.: Hey, you guys, come over and play with us.

RICKY: Yeah, come on, we were just going over to do some arts and crafts.

ANNIE: This is David. David, this is J.R. and Ricky.

DAVID: Hi. What a cool Club this is.

MARÍA: We just came from David's house. *(Looks at J.R. and Ricky.)* Thanks for helping me yesterday.

DAVID: I just moved to this neighborhood. The kids here seem really friendly and nice. I think I'm going to like it here.

ANNIE: I'm glad I brought you to the Club. All my friends are here. *(Looks at María, David, J.R., and Ricky.)*

BARBARA, MARY, AND FRED

HANDOUT B

ACT I—INTRODUCTION

MARY: Hi. I'm Mary, and this is my friend Barbara.

BARBARA: Hi, everyone. I'm Barbara.

FRED: Hey, everybody, my name is Fred. I go to school with Mary and Barbara.

MARY: Maybe you *(talking to the audience)* can help us solve our problem. Barbara, tell them the story.

BARBARA: Well... I have an idea. Let's act it out for everyone to see.

MARY AND FRED: *(together)* O.K.

ACT II—THE PLAYGROUND

(Mary and Barbara are walking around and talking together. Fred is across the way with a few of his friends.)

MARY: *(Looking down at the ground.)* Barbara, look at this. *(Barbara bends down to look and puts her hand out as if to touch it.)* No, don't touch it! *(She shouts.)*

BARBARA: *(Shouting.)* What do you think I am—crazy or something? I'm just looking. It's a dirty needle and syringe. I wouldn't touch it.

(Fred and his friends walk over.)

FRED: Hey, you two! What's all the shouting about?
(Mary and Barbara point to the needle and syringe on the ground.)

FRED: Oh! Don't be such babies. It's only an old syringe. I dare you to pick it up.

MARY: What if it has blood on it?

BARBARA: Yeah, it could have blood infected with HIV, the virus that causes AIDS.

MARY: *(Turns and looks at Fred.)* Didn't you learn about that in the **Act SMART** program?

FRED: I know I learned something about not touching another person's blood. But this doesn't look bloody to me.

BARBARA: I know it's not cool or smart to pick up old needles or syringes that you find on the streets, in the trash, or on the playground, whether they look bloody or not. So, no way, I won't go near it. I don't care who dares me.

FRED: Let's ask our friends in the audience what they think.

BARBARA AND MARY: Good idea.
(Puppets ask members of the audience to make suggestions.)

FRED: You got me thinking about this. I take back my dare. I don't think any one should pick up any old needle or syringe.

BARBARA: Let's go get a teacher or some other adult to help us.

MARY: Let's go.

FRED: I'll come, too.

(Mary, Fred, and Barbara walk off together.)

UNIT II

HIV/AIDS EDUCATION CURRICULUM

JUNIOR HIGH SCHOOL LEVEL
(Suggested ages 10-13)

INTRODUCTION—AGES 10–13

Young people ages 10 to 13—pre-teens—often must cope simultaneously with the physical and the emotional upheavals associated with puberty. They are inclined to feel awkward and embarrassed about their changing bodies. They experience a need to be independent, to search for a sense of who they are, and to determine what is "normal." This need often creates confusion and anxiety in relationships with parents and other adults. Friends become increasingly important, and pre-teens are more vulnerable to outside pressures and experiences in their search for belonging and relationships. For some pre-teens, this age is the beginning of dating, experimenting with cigarettes, alcohol and other drugs, and early sexual experiences. The best time to discuss topics such as the benefits of postponing sex and why it's preferable to wait to have sex until they are older is before young people become sexually active.

At this stage of their lives, young people have many questions about growing up, about their changing bodies, and the issues they will soon (if not already) face. They may be embarrassed to ask questions, especially about sex-related topics. It's important to create an atmosphere in the **Act SMART** program that fosters free and open discussion. Questions and comments are encouraged and elicited.

The inclusion of a Rap Box in which participants can anonymously contribute questions, ideas, and responses is intended to promote a climate that fosters participation by everyone.

Because pre-teens are curious about sex, it's important to discuss HIV and AIDS in depth. Young people need to know that there can be consequences—including the possibility of pregnancy and HIV infection—to having sex.

The program includes age-appropriate activities that have been designed specifically for pre-teens. Facts about HIV and AIDS and the common misconceptions and myths about HIV and AIDS are covered. How HIV is spread, how it is not spread, and how to prevent transmission are topics incorporated in all of the action-oriented activities in this unit.

Risk-taking behavior, common to this age group, is explored. Participants are given many opportunities to practice resisting risk-taking behaviors such as alcohol/drug use and early sexual activity.

The benefits of not having sex and not using drugs are emphasized, and participants are given opportunities to examine and practice effective ways to resist such behavior. The use of latex condoms to reduce the risk of infection with HIV during sex is also discussed.

Learning how to make healthy decisions by reviewing the decision-making process, and practicing how to go about making personalized positive choices, are very much a part of the program.

As a culminating experience, participants will undertake a group project that gives them the chance to communicate to others what they have learned about how to prevent the spread of HIV and AIDS.

Remember that the *suggested* age level for Unit II is 10 to 13 years old. As with all learning programs, it is the leader who knows the participants best and is the best person to judge who will benefit the most from these sessions. With that in mind, consider the age, the level of maturity and experience of the participants. Within this age group, level of maturity rather than age may be a more appropriate way of grouping people. Also, at this age, girls and boys may want to learn or do some of the sessions with their own sex. In some instances, people in this age group may be sexually active and need to learn some of the content taught in Unit III, such as how to use condoms. It is up to the individual facilitator to make this decision.

Note: Remember to involve parents and guardians as suggested on page vii and to obtain their permission for participants in ***Act SMART.***

OVERALL UNIT OBJECTIVES

Upon completion of the six-session unit, participants will be able to—

- Identify and describe briefly what HIV and AIDS are.
- Identify and describe three ways a person becomes infected with HIV.
- Identify and discuss three ways HIV infection can be prevented.
- Name at least five everyday casual contact activities that do not spread HIV.
- Identify and discuss three risk-taking behaviors that can contribute to the spread of HIV.
- Describe at least three benefits of postponing sex/not using drugs.
- Identify and describe at least three communication skills used to resist pressure.
- Use the decision-making process in at least one role-play situation, which focuses on preventing the spread of HIV.
- Communicate to others at least two healthy behaviors that may help to prevent the spread of HIV.

SESSION OBJECTIVES

Participants will—

SESSION I

- Identify and explore common terms and slang used to communicate about HIV and AIDS, and obtain clarification about any misinformation or myths they may have about these terms and slang.

SESSION 2

- Describe how HIV is transmitted, clarify any feelings and fears about "catching the virus from those infected," and discuss ways to show compassion for those who are infected with HIV.

SESSION 3

- Examine common risk-taking experiences and consequences of risk-taking behavior; and explore the ways of using communication skills to resist pressure situations.

SESSION 4

- Use communication and assertiveness skills when resisting pressures to get involved in sexual activity and alcohol/drug use behavior.

SESSION 5

- Identify and demonstrate how to use the decision-making process and then practice using decision-making skills to prevent the spread of HIV.

SESSION 6

- Communicate to others information about HIV and AIDS, and healthy behaviors that can prevent the spread of HIV.

UNIT AND ACTIVITIES AT A GLANCE

AGES 10-13

SESSION 1: BUILDING A FOUNDATION FOR LEARNING ABOUT HIV AND AIDS

• Introduction	5 min.
• Icebreaker/Ground Rules	10 min.
• Brainstorming	5 min.
• Baseline Knowledge Questions	5 min.
• Word Game	30 min.
• "Rap Box"/Closure	5 min.
TOTAL TIME:	**60 MIN.**

SESSION 2: MORE INFORMATION ABOUT HIV AND AIDS

• Rap Box Review	5 min.
• Warm-up/Baseline Knowledge Questions	10 min.
• Relay Race	30 min.
• Discussion/Brainstorming	10 min.
• Closure	5 min.
TOTAL TIME:	**60 MIN.**

SESSION 3: RISK-TAKING BEHAVIOR

• Rap Box Review	5 min.
• Brainstorming	5 min.
• Risk-Taking Continuum/Discussion	15 min.
• Levels of Pressure Activity	20 min.
• Script Demonstration	10 min.
• Closure	5 min.
TOTAL TIME:	**60 MIN.**

SESSION 4: SKILLS TO RESIST PRESSURE

• Rap Box Review	5 min.
• Brainstorming/Review	10 min.
• Role Playing	40 min.
• Closure	5 min.
TOTAL TIME:	**60 MIN.**

SESSION 5: DECISION MAKING

• Rap Box Review	5 min.
• Reviewing the Facts	15 min.
• Decision Making	15 min.
• "Team Hunt for Decisions"	20 min.
• Closure	5 min.
TOTAL TIME:	**60 MIN.**

SESSION 6: A GROUP PROJECT

• Rap Box Review	5 min.
• Group Project—Creative Opportunity Ideas (Rap Song, PSA, Video, Ad, Play)	50 min.
• Closure	5 min.
TOTAL TIME:	**60 MIN.**

Depending on the size and maturity level of your group, the time for these sessions may need to be adjusted.

SESSION 1: BUILDING A FOUNDATION FOR LEARNING ABOUT HIV AND AIDS

OBJECTIVE: Participants will explore common terms/slang used to communicate about HIV and AIDS, and obtain clarification about any misinformation or myths they may have about these terms and slang.

TIME: 60 minutes. Depending on the background knowledge of the group, you may need to divide this session into two 45-minute sessions.

MATERIALS, RESOURCES NEEDED:

- ✓ Pre-boarded* Baseline Knowledge Questions About HIV and AIDS (from page 8). The term "pre-boarded" is used throughout Act SMART. It means to write the designated information on newsprint before sessions. The pre-boarded Baseline Knowledge Questions will be used throughout the six sessions.
- ✓ Pre-boarded poster, newsprint, or story board prepared with the following AIDS-related words/terms: Abstinence, AIDS, Bisexual, Body Fluids, Casual Contact, Compassion, Condom, Heterosexual, HIV, Homosexual, Immune System, Injection Drug Use, Postponing Sex, Sexually Active, Sexually Transmitted Disease (STD), Transmit, Virus.
- ✓ Newsprint, posterboard, markers
- ✓ Word/Terms handout (copy for participants)
- ✓ "Rap Box" (decorated cardboard box) with 3" by 5" index cards and pencils

Note: If participants have not been involved in the ***SMART Moves "Start SMART"*** *activities regarding puberty and sexuality (or a similar program), it may be advisable to review the overview sessions on puberty from the* ***Start SMART*** *component with them now. Key elements of this session include physical changes during puberty; emotional changes during puberty; sexuality; and facts about sex. It is advisable that a person with experience in teaching this subject lead the additional discussion. If this discussion about puberty and sexuality is added to the* ***Act SMART*** *program, a note explaining this should be added to the parental permission form. (See Appendix H.)*

INTRODUCTION

Begin the session by introducing the peer leaders and staff members who will be helping the facilitator with various activities throughout the program.

Tell participants that before you review information about the new HIV/AIDS education program they are about to begin, you'd like them to get to know one another a little better.

ICEBREAKER*

Have participants form a circle and sit on the floor. Ask them to think of something they do well—like schoolwork, art, music, or sports—or a personality characteristic such as a sense of humor. When everyone has thought of something, including the facilitator/peer leaders/additional staff members, have volunteers begin introducing themselves and telling the group their name and what it is they believe they do well. Continue around the circle. When everyone has done this, begin again. This time, have participants tell the group not only their name and what they do well, but that of each person before them. For example—

1. My name is Maria and I dance well.
2. My name is Joseph and I play baseball; Maria dances well.
3. My name is Sandra. I write stories. Joseph plays baseball and Maria dances well.

Modify the amount of repetition based on time and interest of the group so that they don't get bored. After participants complete the icebreaker, explain that over the next few weeks they will be taking part in an exciting new program called **Act SMART.**

Explain that **Act SMART** will help them to—

- Understand the facts about HIV, the virus that causes AIDS.
- Explore the healthy choices that prevent the spread of HIV.
- Avoid getting HIV by developing and maintaining healthy behaviors and skills related to sexual activity and drug use.
- Develop ways to respond without fear to people who have HIV/AIDS.

GROUND RULES*

Explain that the following program ground rules will apply:

- Only one person will talk at a time. Participants should not interrupt one another.

** Note: If you prefer, explain the ground rules prior to the icebreaker. Also reinforce the ground rules during the session as needed.*

- No one has to talk about anything or anyone that makes them feel uncomfortable. Everyone is encouraged to participate but no one will be forced to do so.
- Everyone needs to respect the feelings, thoughts, and ideas of others. No one should laugh at or make fun of anyone else.

Ask for any additional ground rules participants would like to add. Confirm that everyone agrees to follow these. Close the discussion by noting the following:

- The facilitator/leaders value the opinions and thoughts of all participants and welcome suggestions and ideas for subjects to be discussed or reviewed.
- Many of the activities will take place with members sitting in a circle in a relaxed, casual atmosphere.
- A "Rap Box" will be available before and after each meeting in which participants can contribute questions, comments, and suggestions. Stress that all contributions will be anonymous. (Bring out the Rap Box at this time and show it to the participants.)

BRAINSTORMING

Ask participants to identify some of the reasons it is important for people their age to have the facts about HIV/AIDS.

Reinforce the following reasons:

- Although most people their age are not infected with HIV, the virus that causes AIDS, they need to know how to protect themselves.
- Many of them may know someone who has HIV or AIDS.
- They can avoid getting HIV, the virus that causes AIDS, if they know what to do to prevent HIV infection.
- Once they know the facts, they will not need to be afraid to sit next to or play with someone infected with the virus.

Introduce the pre-boarded Baseline Knowledge Questions about HIV and AIDS. Before starting the first activity, the Word Game, determine the baseline knowledge participants have by asking them to briefly respond to the questions listed below. Tell them that understanding the answers to all four of these questions will provide a foundation for learning about HIV and AIDS. The answers that they give don't have to be lengthy or in depth. Tell them that as they proceed in the program, they will acquire additional information that will help them answer the questions more thoroughly. Tell participants that you will continue to refer to these questions throughout the program.

BASELINE KNOWLEDGE QUESTIONS ABOUT HIV AND AIDS[1]

1. WHAT IS HIV? WHAT IS AIDS?
2. HOW IS HIV SPREAD?
3. HOW IS HIV NOT SPREAD?
4. HOW DO PEOPLE PREVENT HIV INFECTION?

Answers:

1. HIV is the virus that causes AIDS. AIDS is a result of HIV infection.

2. HIV is spread through semen, vaginal fluids, blood, or breast milk of an infected person.

3. HIV is not spread through everyday casual contact such as coughing, sneezing, eating or drinking from shared utensils, shaking hands, or being around an infected person.

4. Not having sex, not using needles of any type that someone else has already used, and avoiding alcohol and other drugs are the most effective ways to prevent HIV infection. If people have sex, using a latex condom the right way every time is very effective in preventing the spread of HIV. For people who use needles or syringes, using a new sterile needle and syringe every time can prevent HIV infection. Not using alcohol and other drugs helps prevent HIV infection because when people use alcohol and other drugs they may do things that could cause them to become infected with HIV.

At the conclusion, emphasize that you can't tell by looking at someone if they are infected with HIV.

WORD GAME

Tell participants that they are going to play a word game. The purpose of the game is to identify the words and terms young people typically associate with HIV and AIDS. Explain that this will give them an opportunity to examine how factual their information is. Tell them that you will help them clear up any myths that they or their friends may have.

The group will break up into three to four small groups (depending upon the number of participants) and, when possible, each group will have a staff member/peer leader as a helper.

- Ask each group to come up with 5 to 10 words or phrases that come to mind when they hear "HIV/AIDS." The leader or a designated participant can record these words on newsprint or posterboard.

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[1] Adapted from the "HIV/AIDS Frame," a teaching strategy used in the American Red Cross African American HIV/AIDS Program, including the *Don't Forget Sherrie* materials.

- After the groups have completed the lists, ask them to post them in front of the entire group.
- Have an interactive discussion of the words and their meanings. Clarify any erroneous statements or myths, encouraging participant involvement in this process. (If you are "stumped" by a word or phrase, tell participants you will note it in the Rap Box and discuss it during the next session.) Hand out the Words/Terms Associated with HIV/AIDS Handout. Use it to ensure that the participants get the correct explanation for each word and phrase.

"RAP BOX"

Explain that the Rap Box will be available before and after each session for participants to contribute (anonymously) any questions, issues, or situations that they would like discussed. This will help them identify some of the things they wish to know more about, and will assist leaders in preparing for future meetings.

CLOSURE

Ask participants for any additional questions that they may have.

Tell the participants where and when they will meet next time and what they will be doing in Session 2.

WORDS/TERMS ASSOCIATED WITH HIV/AIDS

HANDOUT

ABSTINENCE:	Not using drugs or having sexual intercourse; in **Act SMART,** the term "postponing sex" is used (see "postponing sex").
AIDS:	A disease that is caused by a virus. AIDS stands for acquired immunodeficiency syndrome.
BISEXUAL:	Being sexually attracted to people of the opposite and the same sex (male/male; female/female; male/female).
BODY FLUIDS:	HIV is spread (transmitted) through direct contact with the following body fluids from an infected person: blood, semen (white fluid that comes out of a male's penis during sex), vaginal fluids (fluids that are in a female's vagina), and breast milk.
CASUAL CONTACT:	Being around someone and not coming in contact with his/her body fluids (blood, semen, vaginal fluids, or breast milk). Examples: touching, playing.
COMPASSION:	Sympathy for another's suffering; a desire to be of help.
CONDOM:	A sheath that fits over the penis when the penis is erect. A latex condom used the right way every time is very effective in preventing the spread of HIV and other sexually transmitted diseases.
HETEROSEXUAL:	Being sexually attracted to people of the opposite sex (male/female).
HIV:	The name of the virus that causes AIDS. HIV stands for human immunodeficiency virus.
HOMOSEXUAL:	Being sexually attracted to people of the same sex (male/male, female/female).
IMMUNE SYSTEM:	A collection of cells and substances in the body that act as the body's defense against disease agents and other things that can make people sick. When a person gets HIV, the immune system is unable to work properly.
INJECTION DRUG USE:	Injecting (shooting) drugs into veins with needles and syringes. Injection drug use includes I.V. (intravenous) drug use.
POSTPONING SEX:	Waiting to have sex until one is older. Being abstinent until one is older.

SEXUALLY ACTIVE:	A person is said to be sexually active when he or she has had sex. This is one of the ways HIV can be spread from one person to another. People who are sexually active can still decide not to have sex.
SEXUALLY TRANSMITTED DISEASE (STD):	A disease that can be spread through sex; for example, gonorrhea, syphilis, herpes, and HIV infection are STDs.
TRANSMIT:	To spread from one person to another.
VIRUS:	A tiny germ that can cause illness.

SESSION 2: MORE INFORMATION ABOUT HIV AND AIDS

OBJECTIVE: Participants will describe how HIV is transmitted, clarify feelings and fears about "catching the virus from those who are infected," and discuss ways to show compassion for people who are infected with HIV.

TIME: 60 minutes

MATERIALS, RESOURCES NEEDED:

✓ Newsprint, markers, index cards, envelopes
✓ Score card
✓ Large room, playground area, gym
✓ Pre-boarded HIV/AIDS Baseline Knowledge Questions
✓ Posterboard, markers
✓ Rap Box
✓ Three cardboard cylinders (made from posterboard) to be used as batons
✓ Pre-board of the three ways HIV is spread and the four body fluids through which HIV is spread
✓ Markers, crayons
✓ Tape
✓ Videotape (optional)

INDEX CARDS—Prepare 20 cards, each containing one of the ways HIV is spread or not spread from the following list: "Can You Get HIV By . . . " Spitting, Kissing, Sweating, Sitting on a Toilet Seat, Biting, Touching, Having Sex, Mixing Blood, Being Born With It, Sharing a Needle With Someone Else, Using Condoms, Being Near Someone, Being Bitten by Mosquitoes, Sitting Near Someone, Eating at the Same Table, Postponing Sex, Swimming in a Pool, Drinking From a Water Fountain. (Put each card in a separate envelope.) Additional ideas for Index Cards can come from the Rap Box contents.

Information on how HIV is spread/not spread is discussed extensively in Appendix A. Facilitators can use the information in Appendix A to make a set of index cards with the correct answers for easy reference during the session.

RAP BOX REVIEW

Welcome the group back. Review the comments or questions from the Rap Box. If there are no questions, take a minute or two to ask participants to briefly state important points from Session 1.

WARM-UP/BASELINE KNOWLEDGE QUESTIONS

Using the pre-boarded Baseline HIV/AIDS Knowledge Questions from Session 1, review questions 2 and 3 with the group. Explain to them that they will be doing a relay race game and its focus will be on how HIV is spread/not spread. Ask them to respond to the following questions:

HOW IS HIV SPREAD?

HOW IS HIV NOT SPREAD?

Reinforce the fact that HIV is spread through blood, semen, vaginal fluid, or breast milk of an infected person.

RELAY RACE

Depending on the number of participants, divide the group into two or three teams. Ask participants to prepare a team baton inscribed with this clue: The ways that you can get HIV (the virus that causes AIDS) are—

1. By having sex with someone who has HIV.
2. By using the same needle as a person with HIV.
3. From a pregnant woman infected with HIV to her baby during pregnancy, delivery, or through breast feeding.

Before testing began in 1985, some people became infected with HIV through blood transfusions and blood products. Today, the risk of getting HIV from a blood transfusion or a blood product is very low.

Review with members their understanding of the terms from the Resource (Session 1) before you proceed.

Ask participants to line up with their team for a relay. Explain the rules:

1. The first person in each line runs, or hops, or jumps in a sack (this can vary based on the group) down to the end of the room or gym, touches the wall, turns around, and runs back halfway to the start, where they meet the facilitator, who gives them an envelope that contains one of the prepared index cards that reads, for example, "Can you get HIV by touching?"

   Note: The facilitator will have 20 index cards; each card will have one of the ways HIV is spread/not spread. See Index Cards under the Materials/Resource section.

2. The participant runs back to the front of the line, opens the envelope, confers with team members, determines the correct answer, runs back, and gives the answer to the facilitator. The facilitator confirms aloud

whether the answer is correct or not. The participant returns to his/her team, passes the baton, and the next person in line continues the relay.

3. Using a score card, the facilitator keeps track of the correct and incorrect answers for each team.
4. After all the questions have been answered, the facilitator reviews the score card to determine the winner of the relay. (Obviously, the fastest team has the opportunity to answer more questions.)
5. The facilitator reviews each of the questions with the entire group to make sure that everyone knows the correct answers.

Review the questions with participants and clarify their misconceptions or fears. Emphasize the **three main ways** a person becomes infected with HIV :

1. By having sex with someone who has HIV.
2. By using the same needle as a person with HIV.

   (Note that these are the two most likely ways HIV is spread from one person to another.)

3. From a pregnant woman infected with HIV to her baby during pregnancy, delivery, or through breast feeding.

Before testing began in 1985, some people became infected with HIV through blood transfusions and blood products. Today, the risk of getting HIV from a blood transfusion or a blood product is very low.

Reinforce the fact that HIV is spread through four body fluids: blood, semen, vaginal fluid, and, breast milk.

(Note: Because participants expend a lot of energy during the relay race, they may have difficulty settling down and concentrating on the following Discussion/Brainstorming activity. A short video that reinforces the concepts about the way a person becomes infected with HIV may help to bridge the gap between the active relay race and the more passive Discussion/Brainstorming activity that follows. Contact your local Red Cross chapter, HIV/AIDS service organizations, or local schools for videos that may meet the needs of your group. You may also decide to take a short break before continuing with the next activity. Or, you can conduct the next activity as a separate session.)

DISCUSSION/BRAINSTORMING

Ask participants to talk about fears they think some people might have about being around people who are infected with HIV. Ask if any of them were fearful before they learned about how a person can get HIV. What were some of their fears? Discuss them and correct any myths or misinformation.

Emphasize that some people don't know how HIV is spread/not spread. They may be afraid because they think they can "catch" the virus just by being near a person who is infected with HIV. Doctors and scientists tell

us this is not so. Understanding how HIV is spread/not spread helps reduce fear about HIV and AIDS.

Share with the group that even though HIV is not spread through everyday casual contact, in some situations people infected with HIV and people who have developed AIDS have not been treated well by others because people did not understand the facts.

Reinforce the idea that both young people and adults living with HIV have the same needs for friendship, feeling useful at school or work, having fun, and doing the everyday things we all do. Further, reinforce that people living with HIV and people who have developed AIDS, their families, and their friends appreciate being treated like other people. At particular times, such as when someone does become sick with diseases connected to AIDS or when someone in the family dies from AIDS, those directly affected may especially benefit from the concern, care, and support of others.

Ask the group to tell you at least three ways they might show compassion (sympathy for another's suffering) for someone who has HIV/AIDS. Record these ways on newsprint.

Reinforce the fact that a person who has HIV/AIDS should be treated like anyone else. You can show compassion by being—

1. CARING
2. KIND
3. FRIENDLY
4. HELPFUL TOWARD THE PERSON AND HIS/HER FAMILY.

CLOSURE

Ask participants if they have any questions about how HIV is spread/not spread. Be sure everyone understands the ways HIV can be transmitted. Encourage them to put any questions, issues, or situations that they would like to discuss in the Rap Box.

Tell the participants where and when they will meet next time and what they will be doing in Session 3.

SESSION 3:
RISK-TAKING BEHAVIOR

OBJECTIVE: Participants will examine common risk-taking experiences, why people take unhealthy risks, and the consequences of risk-taking behavior. They will also explore ways of using communication skills to resist pressure situations.

TIME: 60 minutes

MATERIALS, RESOURCES NEEDED:

- ✓ Prepared signs that read "COULD BE RISKY," "UNHEALTHY RISK," and "HEALTHY RISK" placed on a continuum in front of the room
- ✓ Index cards, pencil. Risk-taking behaviors elicited from participants during a brainstorming session will be written on the cards (one on each). In addition, facilitator will add those behaviors participants do not bring up, but which are pertinent to a discussion of HIV prevention, such as picking up a dirty needle from the playground; having sex without using a condom. These are in the Resource "What Kind of Risk Is It?" and should be prepared on index cards prior to the start of the activity.
- ✓ Paper bag/sack
- ✓ Newsprint, markers
- ✓ Rap Box
- ✓ Communication Skills/Levels of Pressure activity sheets (copy for participants)

RAP BOX REVIEW

Review any of the concerns, questions, statements from the Rap Box. Also briefly remind the participants of what was covered in Session 2. For example, last time we learned how HIV is and is not spread, some reasons some people are afraid, and how we can show care and concern to someone infected with HIV, the virus that causes AIDS. Tell the participants that today they will be learning about risks.

BRAINSTORMING

Tell participants that "taking a risk" is like "taking a chance." Explain that taking a risk isn't always a negative thing. There are some things that are worth taking a risk to do, such as trying out for a team, even though you might not make it. Behaviors that increase the chances that you or someone else will become ill, injured, or get into trouble are not worth doing. In this activity, this type of risk is called an "unhealthy risk." Drinking beer when you are under 21 or not wearing a helmet when biking or skateboarding are examples of behaviors that involve taking unhealthy risks.

Have participants brainstorm risks they have taken or have heard about. (Depending on the group, participants may record the risk on large index cards, or you can do it.) After brainstorming, put all recorded risks in a paper bag or sack.

Note: The facilitator will need to review ahead of time the "What Kind of Risk Is It?" resource sheet (page 27), which lists behaviors related to sex and drugs. The facilitator should have the behaviors listed on this resource sheet prepared on index cards to be added to the paper bag if participants do not raise them.

After adding all behaviors to the paper bag, continue by involving participants in the Risk-Taking Continuum.

RISK-TAKING CONTINUUM

Review the three types of risks on the signs in the front of the room, "healthy risk" on one side, "unhealthy risk" on the other side, and "could be risky" in the middle. Ask for volunteers to pick cards out of the bag, read the behavior described on the card, and then identify what kind of risk they think it is by standing in front of the sign that best describes it. Ask the volunteers what the consequence of the behavior might be. Encourage other participants to communicate their ideas about the potential consequences of each risk-taking situation. Ask participants to discuss how the risk relates to getting HIV.

DISCUSSION: WHY DO PEOPLE TAKE UNHEALTHY RISKS?

Elicit possible reasons from participants and discuss why some young people participate in risky behavior which might bring problems they are not prepared to handle.

For example, a person who takes unhealthy risks—

- Doesn't understand the behavior is risky.
- Knows behavior is risky, but believes risk applies only to other people.
- Wants to show off.
- Seeks adventure.
- Feels pressure from other kids.
- Wants to be accepted and liked by a friend.
- Thinks it's necessary to prove he or she isn't chicken.
- Has a lapse in judgment (for example, alcohol or other drug use can result in not being fully being aware of what you're doing, and you may put yourself into a situation that you can't handle).
- Doesn't care.

Tell participants that the next activity will help them practice the communication and assertiveness skills needed to resist risk-taking behavior that could be harmful. This activity will deal with risks related to sexual behavior and using drugs, including alcohol.

DISCUSSION: WHY YOUNG PEOPLE DON'T HAVE SEX OR USE DRUGS

Stress that most young people do not engage in sex or use drugs or alcohol. Ask participants for some of the benefits of postponing sexual involvement until they are older. Write these on newsprint. Next, ask them for examples of the benefits of not using alcohol and drugs. Emphasize these by putting the examples they give on newsprint, too.

Note: Review the "General Facts about Alcohol and Other Drug Use" and "Benefits of Postponing Sex" (pages 29 and 31) resources before the discussion. Because it is important to respond to the needs and feelings of the group, use the prepared reasons on the resource sheet only as needed to cover ideas the group doesn't mention.

Ask participants for examples from television shows that suggest that characters have sex without using condoms, but never show the consequences. Discuss how these shows might influence young people. Then ask participants to identify some real-life situations that they think might lead to sex. For each situation raised, ask for a way to avoid the situation.

Tell the group that sometimes it's hard not to respond to pressure and that sometimes it's difficult for people to say no to something they don't want to do. However, by practicing the skills necessary to resist pressure, when they're in an uncomfortable situation they'll be more able to respond the way they want.

Ask participants how they might respond if someone pressured them to do something by telling them everyone is doing it.

LEVELS OF PRESSURE/WAYS TO RESIST PRESSURE ACTIVITY SHEET/GROUP PRACTICE

Pass out the "Levels of Pressure/Ways to Resist Pressure Activity Sheet," (page 25) adapted from the **SMART Moves** program specifically written for this age group. Review the examples given. Ask for additional examples from participants.

Have participants divide into two groups. Assign a peer leader and/or staff member to each group. Using the information on the same activity sheet, each group will review and discuss ways to resist pressure.

When it is apparent that everyone has a good understanding of the information and skills, bring the two groups back together.

For additional reinforcement, introduce the following scripted situation that shows a young person using communication skills in response to pressure. Have a peer leader or adult prevention team member act out the part of Jesse (the person doing the pressuring). You will need one participant volunteer to play the part of Chris, who uses the skills to resist pressure.

Tell group members to be particularly aware of the communication skills each person is using. In particular, ask them to look for body language such as gestures, eye contact, facial expressions, and tone of voice. Have them also observe how assertive each person is. Were the "players" standing up for what they believed in? Were they speaking in a clear, strong voice?

LEVELS OF PRESSURE SCRIPT DEMONSTRATION

SITUATION: Chris has been invited to a party with the "cool" kids. Before leaving the Club on Friday, Jesse, one of the kids who is giving the party, says, "See you tonight, don't forget the beer." How does Chris handle the situation?

JESSE: See you tonight. Don't forget the beer.

CHRIS: I'm not bringing beer. I don't drink.

JESSE: You what? You don't drink beer? Are you stupid or what?

CHRIS: I just don't drink. But I do want to come to the party.

JESSE: Oh, come on! Do you want everyone else to think you're a baby or, like, maybe you're a chicken?

CHRIS: I don't drink. Lots of people in my family got messed up drinking and I don't want to. It's not for me.

JESSE: A few beers won't hurt you. I know.

CHRIS: I did want to go to the party, but if everyone will be drinking—no, thanks.

JESSE: You only have to bring a six-pack to come. Big deal.

CHRIS: No, thanks. *(Starts to walk away.)*

JESSE: *(Calls out to Chris)* Not everyone...!

CHRIS: No, thanks. *(Keeps on walking.)*

Have participants turn back to their "Levels of Pressure/Ways to Resist Pressure" activity sheet and ask for volunteers to give some examples of the kinds of pressure Jesse used.

- How assertive was Jesse? Did he tell Chris how he felt and what he wanted?
- What kind of body language did Jesse use?

Ask for some examples of the kind of communication skills Chris used to resist pressure.

- How assertive was Chris? Did he tell Jesse how he felt and what he wanted?
- What kind of body language did Chris use?
- How could Chris have handled the situation if he wanted Jesse to be his friend (even if Jesse wanted to drink and Chris did not)?
- How far *do* you go for a friend who may want you to do something you're not sure you want to do?

CLOSURE

Conclude by emphasizing the fact that participants have the right to say "no" to things they don't want to do. At the next session, they will have an opportunity to role-play situations of their own, learn more about being assertive, and review the techniques of communication needed to help them refuse something they don't really want to do. Collect "Levels of Pressure/Ways to Resist Pressure" activity sheets, and put them aside for use in the next session.

Encourage participants to put any questions, issues, or situations that they would like to discuss in the Rap Box.

Remind participants of the time and date of the next meeting.

LEVELS OF PRESSURE/WAYS TO RESIST PRESSURE ACTIVITY SHEET

LEVELS OF PRESSURE	EXAMPLES
FRIENDLY: A simple offer.	"Would you like a beer?"
TEASING: People make fun of you and call you names if you say no.	"Are you chicken? Are you a mama's boy/girl?"
THREATS: People use physical or psychological threats.	"If you don't take this drink, I'm going to beat you up."
INDIRECT: People are pressuring you even though they are not making a direct offer.	"Hey, come to my party. There's going to be some sexy guys/girls there. We'll have fun!"

WAYS TO RESIST PRESSURE	EXAMPLES
1. NO, THANKS	**"Thank you, but no."**
2. COLD SHOULDER	Ignore the person.
3. BROKEN RECORD	Repeat the same phrase over and over. "Would you like a beer?" **"No, thanks."** "Oh, have one." **"No, thanks."** "Just try a sip." **"No, thanks."**
4. AVOIDING THE SITUATION	Don't go with peers if you think you might be pressured or if you feel uncomfortable about the situation.
5. WALKING AWAY	"Would you like to go to my house? No one is home." Say: **"No, thanks,"** and walk away while you say it.
6. GIVING A REASON OR EXCUSE	"Just let me kiss you." Say: **"I don't want to. It just doesn't feel right for me."**
7. CHANGING THE SUBJECT	Start talking about something else.
8. REVERSING THE PRESSURE	"If we're such good friends, why won't you smoke a joint with me?" Say: **"If you were my friend, you wouldn't ask."**
9. PROPOSING AN ALTERNATIVE	"Bring some beer to the party." Say: **"I'll bring some soda. I don't feel it's right for me to bring beer."**

RESOURCE
WHAT KIND OF RISK IS IT?

1. **DRINKING A COUPLE OF BEERS EVERY WEEKEND WITH FRIENDS. "UNHEALTHY RISK." (NOT WORTH TAKING A CHANCE.)**

   Consequence: Beer is alcohol. It is a risk for young people because after drinking it, their senses are impaired and their judgment is affected. They might do something that they wouldn't ordinarily do if they had not been drinking. For people under 21, drinking beer is also illegal.

2. **SPENDING TIME ALONE—IN HOMES AND OTHER PRIVATE PLACES—WITH YOUR BOY/GIRL FRIEND. "COULD BE RISKY."**

   Consequence: Spending time alone with a person in isolated situations can lead to more sexual activity than is wanted or planned.

3. **AN 11-YEAR-OLD DATING A 16-YEAR-OLD. "COULD BE RISKY."**

   Consequence: Going out with someone who is older can place pressure on both people. They often find that they want different things from a relationship.

4. **HAVING SEX AT AN EARLY AGE. "UNHEALTHY RISK." (NOT WORTH TAKING A CHANCE.)**

   Consequence: There is a risk of pregnancy and sexually transmitted diseases, including HIV/AIDS. Many young teens who have had sex have later wished that they had waited until they were older. Postponing sex until people are older allows time to make decisions that are right for them. It gives them more time to become familiar with ways to protect themselves from HIV infection, other diseases, and pregnancy.

5. **TRYING A DRUG TO SEE WHAT SOME PEOPLE ARE TALKING ABOUT. "UNHEALTHY RISK." (NOT WORTH TAKING A CHANCE.)**

   Consequence: Some drugs provide unique and positive feelings the first few times they are used. Over time, people use more of the drug to try to achieve the same feeling. Almost everyone addicted to drugs started out "just to try them." People don't want to become addicted to drugs. They just don't think addiction will happen to them. Drinking alcohol or taking drugs may make people do things that could cause them to become infected with HIV.

6. **PICKING UP A SYRINGE/NEEDLE YOU FIND IN THE SCHOOLYARD AND BRINGING IT TO THE TEACHER OR PRINCIPAL. "UNHEALTHY RISK." (NOT WORTH TAKING A CHANCE.)**

   Consequence: HIV can be spread by accidentally poking yourself with a dirty needle that was used by a person infected with HIV. Never touch a needle/syringe that you find. Report it to an adult.

7. **HAVING SEX WITHOUT USING A LATEX CONDOM. "UNHEALTHY RISK." (NOT WORTH TAKING A CHANCE.)**

   Consequence: Wearing a latex condom during sex greatly reduces the risk of getting a sexually transmitted disease, including HIV/AIDS. People who are going to have sex should know the right way to use a condom. Using a latex condom the right way every time people have sex greatly reduces the risk of HIV infection and other STDs.

8. **DECIDING TO POSTPONE HAVING SEX UNTIL YOU ARE OLDER. "HEALTHY RISK." (WORTH TAKING A CHANCE.)**

   Consequence: There is a chance that someone may pressure a young person to have sex, or a young person may feel he or she will lose a girlfriend/boyfriend or miss the physical closeness. However, many young people feel that they have too many other goals to achieve and they don't want to take the chance that they may become a parent before they are ready or get some sexually transmitted disease such as HIV infection. Choosing to have sex is an important decision with many emotional and physical consequences.

9. **TALKING ABOUT SEX OR DRUGS WITH A PARENT OR ADULT YOU CAN TRUST. "HEALTHY RISK." (WORTH TAKING A CHANCE.)**

   Consequence: It's possible that the parent or adult may be uncomfortable talking about sex or drugs, or a young person might feel shy or embarrassed. However, young people need to discuss their fears, thoughts, and feelings with an adult that they can trust. The adult may offer resources that are available to help young people deal with very personal situations.

RESOURCE

GENERAL FACTS ABOUT ALCOHOL AND OTHER DRUG USE AMONG CHILDREN AND TEENS

1. **CHILDREN LEFT AT HOME** alone for 11 hours or more each week are nearly twice as likely to use alcohol, tobacco, and marijuana as are children under adult supervision.

2. **BY THE FOURTH GRADE**
   40% of students feel pressured by friends to smoke cigarettes;
   34% feel pressured to drink wine coolers; and
   24% say their friends encourage them to try cocaine or crack.

3. **NEARLY ALL STUDENTS (93%) IN GRADES FOUR TO SIX** know that cocaine or crack is a drug. However, less than half of these students call beer, wine, or liquor a drug, and less than a quarter of the students know that wine coolers contain alcohol.

4. **IN 1992, EIGHTH GRADERS** were significantly less likely to see cocaine or crack as dangerous than eighth graders in 1991.

5. **TRENDS IN PERCEPTION OF RISK ASSOCIATED** with drug use have declined among 12th graders. Only 24.5% of seniors believe that trying marijuana is risky to their health; only 42.3% believe that there is risk in taking LSD (down 4.3% from 1991 results); only 50.9% think it is harmful to try heroin.

6. **THERE ARE 28 MILLION CHILDREN OF ALCOHOLICS** in the United States, 6.6 million of whom are under the age of 18.

7. **ALMOST ONE OUT OF THREE BOYS AND ONE OUT OF FIVE GIRLS** classify themselves as drinkers by age 13. Over half of sixth graders report peer pressure to drink beer, wine, or liquor.

8. **AT LEAST 8 MILLION AMERICAN TEENAGERS** use alcohol every week, and almost half a million go on a weekly binge.

9. **OF THE 20.7 MILLION 7TH THROUGH 12TH GRADERS** nationwide, 10.6 million drink.

10. **JUNIOR AND SENIOR HIGH SCHOOL STUDENTS DRINK 35%** of all wine coolers sold in the United States (31 million gallons) and 1.1 billion cans of beer (102 million gallons).

11. **OF THE 10 MILLION STUDENTS WHO DRINK**
    25% drink to get high;
    25% drink when they are bored;
    41% drink when they are upset; and
    31% drink alone.

12. **SOME 2.6 MILLION TEENAGERS DO NOT KNOW** that a person can die from an overdose of alcohol.

13. **THE NUMBER OF YOUNG PEOPLE ABUSING INHALANTS** is greater than those abusing cocaine: 775,000 versus 745,000, respectively.

14. **ONE IN EVERY SIX EIGHTH GRADERS (17.4%)** has used some inhalant at some time; and one in every 20 (4.7%) has used one in the past 30 days.

15. **RECENT STUDIES SHOW THAT APPROXIMATELY 7%** of male high school students have tried anabolic steroids, and 20% of high school football players are users.

16. **STEROID USERS AGES 12–34 ARE THREE TIMES** more likely than others to use drugs like marijuana and cocaine. They also are two to three times more likely to have committed violence in the past year.

Source: **The American Council for Drug Education.** *Facts about Alcohol and Other Drug Use Among Children and Teens.* News Release Factsheet. Washington, D.C. 1994.

RESOURCE

BACKGROUND INFORMATION—BENEFITS OF POSTPONING SEX

Teenagers need to know why it is important to postpone sex (to abstain) until they are more physically and emotionally mature. They need to think about the many social and health benefits (in addition to personal ones) before they decide to have sex.

Different people—both teenagers and adults—may have different ideas about what abstinence means. In this handout, we define abstinence as follows:

Postponing (putting off until later) vaginal, oral, and anal sex.

HERE ARE SOME OF THE HEALTH BENEFITS OF POSTPONING SEX:

- **ABSTINENCE IS THE ONLY METHOD OF PREVENTING THE SPREAD OF HIV THROUGH SEX THAT IS 100 PERCENT EFFECTIVE, SAFE, AND FREE OF SIDE EFFECTS.**

  In the 1990s, young people need to know about HIV and AIDS. About one fifth of all people with AIDS in the United States are in their teens and twenties. Many of those in their twenties were probably infected in their teens. In 1991, AIDS became the sixth leading cause of death for 15- to 24-year-olds. Cases of AIDS are increasing fastest for people in this age group.

- **POSTPONING SEX PROTECTS YOU FROM OTHER SEXUALLY TRANSMITTED DISEASES (STDS), AS WELL AS HIV INFECTION.**

  About one out of every six American teens gets an STD each year—that's the highest rate of any age group.

- **WHEN YOU DON'T HAVE SEX, YOU DON'T RISK PREGNANCY.**

  One in four teenage girls becomes pregnant by age 18. One million teen girls become pregnant each year, and 84 percent of all teen pregnancies are unintended. Half of all teen pregnancies occur within six months of becoming sexually active. Teenage mothers are less likely to have prenatal care than older mothers, and they have a greater risk of health complications for themselves and their babies.

  Teenage boys who become fathers are much more likely to drop out of high school and are only half as likely to finish college as their peers who delay fatherhood.

- **TEENAGE GIRLS WHO ARE SEXUALLY ACTIVE HAVE AN INCREASED RISK OF CERVICAL CANCER.** Research shows that there is a connection between early sexual activity and multiple sexual partners and an increased rate of cervical cancer in young women (under age 25).
- **POSTPONING SEX WILL GIVE YOU MORE TIME TO BECOME FAMILIAR WITH WAYS TO PROTECT YOURSELF FROM BECOMING INFECTED WITH HIV AND OTHER STDS, AND FROM PREGNANCY.**

HERE ARE SOME OF THE PERSONAL AND SOCIAL BENEFITS OF POSTPONING SEX:

- **POSTPONING SEX CAN BE A SIGN OF EMOTIONAL MATURITY AND INTEGRITY.** Many teenagers say they felt pressured into having sex before they were ready. (It requires maturity and honesty to resist pressure from others, particularly those whose opinion you value. It is not always easy to assert how you feel in sexual situations.)
- **POSTPONING SEX MAY CONTRIBUTE POSITIVELY TO A RELATIONSHIP AND ALLOW** you time to get to know each other better and to establish better communication about what you want. Postponing sex may help build intimacy between you. If you do have sex later, you may be able to handle it better.
- **POSTPONING SEX ALLOWS TIME TO MAKE DECISIONS YOU CAN LIVE WITH.**
- **POSTPONING SEX LETS COUPLES EXPRESS THEIR EMOTIONS IN MANY DIFFERENT** and creative ways, including giving massages, holding each other, watching favorite movies together, and talking about feelings.

Sources:

- **Alan Guttmacher Institute.** *Facts in Brief: Teenage Sexual and Reproductive Behavior.* New York, NY 1993.
- **Richard P. Barth.** *Reducing the Risk: Building Skills to Prevent Pregnancy, STD and HIV, Second Edition.* ETR Associates Santa Cruz, CA. 1993.
- **Center for Population Options.** *Adolescent Males and Teen Pregnancy.* Factsheet. Washington, D.C. 1990.
- **Center for Population Options.** *Adolescent Sexuality, Pregnancy and Parenthood.* Factsheet. Washington, D.C. 1990.
- **Center for Population Options.** *Adolescents, HIV and Other Sexually Transmitted Diseases (STDs).* Factsheet. Washington, D.C. 1993.

SESSION 4:
SKILLS TO RESIST PRESSURE

OBJECTIVE: Use communication and assertiveness skills when resisting pressure to get involved in sexual activity and alcohol/drug use behavior.

TIME: 60 minutes

MATERIALS, RESOURCES NEEDED:

- ✓ Scenarios for role-playing pre-boarded on newsprint
- ✓ Newsprint, markers
- ✓ "Levels of Pressure/Ways to Resist Pressure" activity sheet from Session 3, page 25 (copy for participants).

RAP BOX REVIEW

Review any of the concerns, questions, and statements from the Rap Box.

BRAINSTORMING/REVIEW

Pass out "Levels of Pressure/Ways to Resist Pressure" activity sheets and do a quick review of the levels of pressure and ways to refuse the pressure practiced during the last session. Have participants bring up any questions or comments they may have on the techniques.

Explain that during this session, participants will have the opportunity to do some role-playing in resisting pressure, being assertive, and using appropriate body language—communicating without words.

Review some of the things that were discussed in the last session about using appropriate body language when you want to communicate "no" to someone. (See pages 21-22.)

Ask participants to give you some examples of body language. Emphasize the following:

- Facial expressions
- Gestures
- Body position
- Eye contact

Ask participants to show examples of how someone might say "no," but communicate "yes" through body language.

Have volunteers explain what it means to be assertive. Emphasize that assertive means—

- Standing up for what you believe in.
- Telling others what you think.

- Telling others how you feel and what you want.
- When you're assertive, you make eye contact, have good posture, and speak clearly and with confidence.

Tell participants that in this role-play they should incorporate assertiveness skills and body language skills to say "no" to something they do not want to do.

ROLE-PLAYING

After the review of the "Levels of Pressure/Ways to Resist Pressure" activity sheet and the brainstorming about communication (using appropriate body language) and assertiveness skills, participants should be ready to do some open-ended role-play.

Display the role-play situations that have been pre-boarded on poster board or newsprint. Ask for volunteers for each role-play situation. Divide into smaller groups to practice. Give participants about 15 minutes to review their scenario and figure out how they want to handle their roles. (They do not have to write anything down, but they can if they wish to.)

To ensure that participants practice the important positive skills (how to resist pressure), have prevention team members (peer leaders/adult volunteers) play the negative roles (pressuring another person).

ROLE-PLAY 1

Maria is over at Effie's house. No one is home. Effie invites David and Alvin, two older boys in the neighborhood, to come over for the afternoon. When Effie starts engaging in kissing and fondling with David, Alvin says to Maria, "Let's do the same." Maria doesn't want to. Alvin continues to pressure her.

How can Maria refuse to do this?

(Note: Peer leader or adult volunteer [if no peer leader is available] should role-play Alvin.)

DISCUSSION QUESTIONS AFTER THE ROLE-PLAY IS COMPLETED:

1. How did Maria refuse to do something she didn't want to do?
2. What kind of pressure was put on her?
3. What kind of body language did Maria use? Was her body language saying "no" along with her words?
4. What kind of pressure was Effie under?
5. Was Alvin assertive? How assertive was Maria?
6. What was Maria's voice like when she was refusing to go along with Alvin?
7. How effective was Maria in saying "no"?
8. Does Maria's refusal to do what Alvin wanted her to do have anything to do with preventing HIV? Why? Why not?

ROLE-PLAY 2

Brian has just started middle/junior high school. He has heard from some of his classmates that there's a group at school that smokes, drinks alcohol, and does drugs that is trying to get the younger kids like himself to join them. One day after school, Michael, a boy from his neighborhood and member of the group, comes up to him and says, "We're having a meeting tonight. Everyone is coming. I know we can count on you."

How can Brian say "no"?

(Note: Peer leader/adult volunteer should role-play Michael.)

DISCUSSION QUESTIONS AFTER THE ROLE PLAY IS COMPLETED:

1. What kind of pressure did Michael put on Brian?
2. How did Brian refuse to do something he didn't want to do without hurting Michael's feelings?
3. What kind of body language did Brian use? What kind of body language did Michael use?
4. How assertive was Brian? Michael?
5. Did Brian look at Michael (eye contact) when he was saying "no"?
6. How strong and firm was Brian's voice when he was saying "no"?
7. What could Brian do if he felt left out?

Once these role-playing situations are complete and you detect a level of comfort, ask participants to suggest some real-life situations that show pressure from others to try alcohol or drugs or to become sexually involved. Break into smaller groups, rehearse the situation with peer leaders and adult volunteers assisting by playing the parts of the characters doing the "pressuring," and then have participants role-play the characters who refuse the pressure, using the skills they just learned.

CLOSURE

Conclude by emphasizing that participants have the right to say "no" to things they don't want to do. Tell them that knowing the types of pressuring techniques that others may use and learning the skills to resist pressure can help them to avoid drugs and to postpone sex until they are ready.

Refer to the pre-boarded Baseline Knowledge Questions, Question #4, **"How do people prevent HIV infection?"** Reinforce that two ways HIV infection can be prevented are by not using drugs and by not having sex.

Encourage participants to put any questions, issues, or situations that they would like discussed in the Rap Box.

SESSION 5:
DECISION MAKING

OBJECTIVE: Participants will identify and describe how to use the decision-making process, and then practice using decision-making skills necessary to prevent the spread of HIV.

TIME: 60 minutes

MATERIALS, RESOURCES NEEDED:

- ✓ Pre-boarded Baseline Knowledge Questions About HIV and AIDS
- ✓ Rap Box
- ✓ Pre-boarded Decision-Making Steps
- ✓ Pre-boarded Scenarios
- ✓ "Team Hunt for Decisions" activity sheets (copy for participants)

RAP BOX REVIEW

Review questions and comments from the Rap Box.

REVIEWING THE FACTS

Using the pre-boarded Knowledge Questions as a reference, ask participants, based on previous activities regarding HIV transmission, the ways the virus is spread. Emphasize the following principal ways that people become infected with HIV:

- Having sex with someone who has HIV.
- Using the same needles/syringes as a person with HIV.
- During pregnancy, birth, or breastfeeding from an infected mother to her baby.

Before testing began in 1985, some people became infected with HIV through blood transfusions and blood products. Today, the risk of getting HIV from a blood transfusion or a blood product is very low.

Shift the focus to how HIV infection can be prevented. Emphasize the meaning of prevention (to stop something from happening). To help participants understand how to protect themselves from becoming infected with HIV, review the answer to Question #4 from the pre-boarded Knowledge Questions about HIV and AIDS:

4. HOW DO PEOPLE PREVENT HIV INFECTION?

Not having sex, not sharing needles of any type, and avoiding alcohol and other drugs are the most effective ways to prevent HIV infection. If people have sex, using a latex condom the right way every time is very effective in preventing the spread of HIV. For people who use needles, using a new sterile needle every time can prevent HIV infection. Not using alcohol and other drugs helps prevent HIV infection because when people use alcohol and other drugs they may do things that could cause them to become infected with HIV.

Emphasize that at their age, not having sex (postponing sex) and not using drugs are choices that will help them avoid getting HIV. Also, reinforce that if people have sex, using latex condoms the right way every time greatly reduces the risk of HIV infection and other STDs.

Remind the group to avoid coming in contact with another person's blood. If they see blood on the playground or on the floor, they should avoid it. If they see an injured person bleeding, they can find an adult to give first aid. If they know how to give first aid, they should put on latex gloves (if they have them) and use a clean cloth as a barrier between themselves and the person's blood. Even if their hands look clean, they should wash them with soap and water soon after giving first aid.

Point out that now that they have information about HIV/AIDS and how they can protect themselves, they are going to practice decision-making skills.

DECISION MAKING[2]

Emphasize that they make decisions every day. Some decisions are easy; some are hard to make.

Have participants think of some easy decisions they have made recently, then ask them to think of some of the more difficult ones. Ask for volunteers to share examples of both.

Explain that when people take drugs or have sex, they have made a decision to do so. If someone has decided to try alcohol or other drugs or to experiment with sex, it doesn't mean that they are stuck with that decision. Emphasize that at their age they are not ready to have sex yet. If a couple, for example, had sex one time but now want to postpone having sex, they have the opportunity to make a different decision.

Emphasize that **each time** you are confronted with a situation you can make a new decision. You have the choice. Your choices also affect other people. You have the choice not to pressure others to do something that could cause them harm or that they don't want to do.

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[2] Adapted from American Red Cross *Don't Forget Sherrie* Workbook and American Red Cross *Reaching Adolescents and Parents (RAP)* Instructor's Manual.

Tell participants that they are going to have the opportunity to "walk through" some decision-making steps by exploring a situation that many young people their age experience. Refer to the Decision-Making Steps you've posted on newsprint. Relate the following situation to participants.

A very popular older boy or girl (age 14-15) asks you to go out. He/she asks you out and then suggests that the two of you "hang out" alone at your house because no one is home. Your mother has said that you are not allowed to have anyone over when no adult is present. The boy/girl seems nice and you would like to go out with him/her, but you have heard rumors that he/she hangs with a "wild" crowd. How do you make a decision?

Go through the following decision-making steps asking for comments, ideas, and suggestions after each step. Record them on newsprint.

1. **WHAT IS THE PROBLEM THE BOY/GIRL FACES IN THE SITUATION?**

   - A boy/girl that you want to go out with wants to come over to your house when no adult is home.

   Ask participants if they agree with the above. Is that what they see as the problem? Discuss.

2. **WHAT ARE THE POSSIBLE CHOICES NEEDED TO SOLVE THE PROBLEM?**

   - You can say, "No, you can't come."
   - You can disobey your mother and have someone over.
   - You can suggest that the person come over another day when your mom is home.

   Ask participants for other suggestions, ideas, comments.

3. **WHAT ARE THE REASONS (PRO AND CON) TO SUPPORT THE CHOICES?**

   Now ask what might happen if you say, "Yes, you can come over."

   Ask participants for their thoughts, ideas, and comments (both pro and con).

   Sample responses might be—

   PRO: • You might gain a new friend.

   CON: • Your parents might find out.
   • Your new friend might ask you to do something you don't want to do, such as smoke, drink, have sex, etc.

   Now ask what might happen if you say "No, you can't come over." Have participants volunteer their thoughts, ideas, and comments (both pro and con).

   Sample responses might be—

   PRO: • You won't be disobeying your mother.

   CON: • You may lose a friend.

Finally, ask what might happen if you suggest that the person come over another day when your mom is home? Sample responses might be—

PRO: • You will be honest with your mom and will be able to see your friend.

CON: • Your friend may decide not to come over.

4. WHAT IS THE DECISION?

Depending on the size of the group, have participants divide into three to four teams. Ask each team to make a decision about the problem just discussed. After 5 minutes or so, bring the teams together.

Ask each team to report on the decision they made and what influenced them to make this decision. Relate the decision back to the pros and cons of the choices that were discussed earlier. Emphasize the fact that decisions are often made based on what people believe will happen to them. Reinforce with the group that it's important to know exactly what the choices are and to think about the pros and cons of those choices **before** making a decision, especially when decisions and actions are about sex and drug use.

"TEAM HUNT FOR DECISIONS"[3]

Tell participants that a serious problem that young people face is how to avoid getting HIV, the virus that causes AIDS. Based on what they have learned in **Act SMART**, what kinds of decisions might they have to make in order to avoid getting HIV? Tell them that they will have an opportunity to answer this question by playing the "Team Hunt for Decisions" game.

Ask participants to go back to their original teams. Distribute the "Team Hunt for Decisions" activity sheet. Read the problem at the top of the sheet aloud.

> *Many of the people who now have AIDS were infected with HIV when they were teenagers.*

Refer back to the "Team Hunt for Decisions" activity sheet. Ask each team to identify as many decisions as possible that will help them to avoid getting HIV. Each decision counts as one point. The first decision is identified for them. The team with the most decisions wins the game. The time set for the game is 15 minutes. Have facilitators or peer leaders available to assist each team when necessary.

At the end of 15 minutes, ask each team to report on their decisions. Ask volunteers from each team to describe how their team went about making their decisions. Elicit comments from everyone.

Note: Use the pre-boarded decision-making steps 1-4. Refer to the Sample Answer Sheet as needed.

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[3] Adapted from Jamaica Red Cross *Together We Can* HIV/STD Peer Educator's Handbook.

CLOSURE

Reinforce the concept that young people can make decisions to protect themselves against HIV.

Encourage participants to put questions, issues, or situations about making decisions in the Rap Box.

Remind the participants of the time and date of the next meeting.

"TEAM HUNT FOR DECISIONS" ACTIVITY SHEET

PROBLEM

Many of the people who
now have AIDS
were infected with HIV
when they were teenagers.

MAKING DECISIONS

IDENTIFY AS MANY DECISIONS AS YOU CAN THAT WILL HELP YOUNG PEOPLE AVOID GETTING HIV.

DECISION POINTS

THE FIRST ONE IS DONE FOR YOU.

DECISION 1:	Could decide not to be influenced by friends to have sex.
DECISION 2:	
DECISION 3:	
DECISION 4:	
DECISION 5:	
DECISION 6:	
DECISION 7:	
DECISION 8:	

"TEAM HUNT FOR DECISIONS" SAMPLE ANSWER SHEET

PROBLEM

**Many of the people who
now have AIDS
were infected with HIV
when they were teenagers.**

MAKING DECISIONS

IDENTIFY AS MANY DECISIONS AS YOU CAN THAT WILL HELP YOUNG PEOPLE AVOID GETTING HIV.

DECISION POINTS

THE FIRST ONE IS DONE FOR YOU.

DECISION 1:	Not be influenced by friends to have sex.
DECISION 2:	Decide you are not ready for sex
DECISION 3:	Avoid drinking since drinking might affect your judgment to have sex.
DECISION 4:	Not spend time in isolated situations with boyfriend/girlfriend.
DECISION 5:	Not go out with someone who is much older.
DECISION 6:	Not use drugs.
DECISION 7:	Talk to an adult you trust about ways to avoid getting HIV.
DECISION 8:	If you decide to have sex, greatly reduce the risk of geting HIV by using a latex condom from start to finish each and every time you have sex.

SESSION 6:
COMMUNICATING WHAT WE HAVE LEARNED ABOUT HIV/AIDS—A GROUP PROJECT

OBJECTIVE: Participants will communicate what they have learned about HIV and AIDS, including how to prevent the spread of HIV and other STDs to others.

TIME: The amount of time and number of additional sessions needed will depend on the size of the group and which project they choose to do.

MATERIALS, RESOURCES NEEDED:

This will be a culminating experiential group project that will reinforce the previous sessions. The group should put together a rap song, public service message, video, advertisement, or play that communicates to others information about HIV and AIDS, and healthy behaviors that can prevent the spread of HIV. See the Resources at the end of this session for ideas.

RAP BOX REVIEW

Review questions and comments from the Rap Box.

GROUP PROJECT

Explain to participants that as an ending to the program they will have the opportunity to communicate what they have learned—information about how HIV is spread/not spread, and healthy behaviors that prevent HIV infection—to peers, parents, and/or members of the community.

Ask participants to identify the information that left the strongest impression on them and their feelings about it. Have them identify what they think other people might want or need to know to help prevent getting HIV. With the help of a peer leader or other staff member, list these ideas on newsprint.

Ask them to decide on the type of activity that might best communicate what they have learned, such as public service announcement; video; posters to display in community buildings such as the local library; a play; or commercial.

The facilitator may have to set parameters based on the resources of the organization. Suggestions and guidelines for various activities are listed.

Have participants come up with a plan that consists of the following:

- What kind of activity do they want to do?
- What will their message(s) be? (Review the messages to ensure that they are consistent with the Baseline Knowledge Questions.)

- Who will their audience be? (School group, community group, etc.)
- How much time are they willing to spend on organizing and carrying out the project?

CLOSURE

- Before the session concludes, have the participants, peer leaders/staff members, and facilitator make a commitment and come up with a time schedule to complete the group project.
- This is also a good time to review the four baseline knowledge questions/answers that were used throughout the program. Have participants identify how the answers to these questions can help to prevent getting HIV.
- When appropriate, plan follow-up activities to **Act SMART.**

Suggested future programs include—

- Viewing videos (see resource list).
- Getting speakers to come to talk about AIDS.

Note: If the participants and Club members cannot do a group project, ensure that there is a summary and review of the work that has gone on in the five previous sessions. You may choose to have some type of closing event involving certificates and possibly involving friends and family. Reinforce the importance of participants using what they have learned and sharing this information with others. Remind the group that people with HIV or AIDS need care and compassion.

RESOURCE
SMART IDEAS

The following **SMART Ideas** are examples taken from Boys & Girls Clubs of America's **SMART Moves** program. These are to be used as a guide as you create your own HIV/AIDS **Act SMART** prevention messages.

SMART MOVES COMMERCIAL SCRIPTS

A. TOPIC: DRUGS

LOCATION: HIGH SCHOOL HALLWAY DURING CHANGE OF CLASSES.

Girlfriend (G.F.): Hi, honey! You know Laura, don't you?
Boyfriend (B.F.): Yeah. Hi!
Dealer: Hi.
G.F.: She's got something for you.
Dealer: Here's a free joint. If you want more, I'll be around.
B.F.: Wait a second! I don't want this!
G.F.: Why not? I tried it a couple of times.
B.F.: I can have fun without drugs. I care about myself and I care about you!
Dealer: Well?
G.F.: Thanks—but no, thanks.
Narrator/ Screen: Make a **SMART Move**... Everyone *isn't* doing it! Say "No."

B. TOPIC: SEXUAL ENCOUNTER

LOCATION: BOYS' LOCKER ROOM AT SCHOOL.
GIRLFRIEND CAUTIOUSLY ENTERS.

Girlfriend (G.F.): Hey, babe.
Boyfriend (B.F.): What are you doing here?!
G.F.: Looking for you. So, what are you doing tonight?
B.F.: I don't know. Why?
G.F.: How about making it a night to remember?
B.F.: Sounds great...but no.
GF.: I thought that's what you wanted.
B.F.: No. Do you?

G.F.: No. Not really.

B.F.: Let's wait until we're both ready for it!

Narrator/ Screen: Make a **SMART Move**... Everyone *isn't* doing it! Say "No."

The Prevention Team of the Regenstrief Boys & Girls Clubs of Connersville, Ind., developed and produced the following three public service announcements (PSAs) for local radio broadcasting.

SMART MOVES RADIO PSAS

Hi! My name is__________________. There's a lot of pressure on us kids these days...We have to dress right...We have to be seen with the right people...and we have to "score" on a date. Yeah, that's right, score! Everyone talks about it, and if you don't do it, they think you're strange. Well, I'm not strange, but I know it just isn't right for me. There's a lot of responsibility that goes with "scoring" and I'm not ready for that yet. I still want to be a kid, not have a kid. Not everyone's doing it, so don't let them tell you they are, and you don't have to do it either.

This message is brought to you by the Regenstrief Boys and Girls Clubs **SMART Moves** Program, in conjunction with local radio.

Hello! My name is____________________. I'm sure many of you have had friends who have tried to get you to do things you didn't really want to do...things you didn't feel comfortable with or things you knew were wrong. It's tough sometimes to say "No" to those things, because you don't want to lose a friend. Well, I've got news for you! *Real* friends don't try to talk you into things that aren't right, and *real* friends help you be the best you can be...having fun without doing something that's wrong. Be a friend to someone by saying "No" to alcohol and other drugs. It just may be the one word they really need to hear.

Hi! My name is ______________________________. You know, being a girl today has its advantages. We're free to be whoever we want to be, and there are hundreds of things available for us so we can be the best we can be. Neat guys still take us out...to the movies or for a pizza, and show us a good time. Sometimes guys want to have a little more physical recreation, if you know what I mean. A lot of guys want more than a good night kiss from a date. I'm just not ready for that kind of relationship. I still have a lot of fun things I want to do and places I want to see... getting involved means responsibility. And to get tied down by getting pregnant is really not my idea of fun. I once heard that having a baby is like being grounded for 18 years, and I know I'm not ready for that yet. So when I'm feeling pressured to "put out," I always say "No." My friends respect that. You can say "No," too. The only thing that will be turned off... is the pressure.

SAYING "NO" IS A HEALTHY AFFAIR

Organize a Health Fair promoting healthy choices, awareness, and education about the use of alcohol and other drugs and about the drawbacks of teenage pregnancy. The Boys & Girls Clubs of Bethlehem, Pennsylvania, contacted local voluntary health agencies and their Health Department well in advance. They mailed letters and made follow-up phone calls. The event was publicized through the media, the schools, and through notices to all Club members and their families. Prevention Team members recruited volunteers to help at booth entrances and to provide general assistance to visitors.

To enhance the fair atmosphere, you can add refreshment booths serving nonalcoholic beverages, some **SMART Moves** games, and entries from your Club-wide poster contest.

JUST SAY "NO" RAPS

Have members develop and rehearse raps that convey the prevention message. Arrange for performance opportunities inside or outside the Club. Following are some examples:

GET HIGH ON LIFE

So you think drinking alcohol makes you cool?
Well, listen to me, y'all—don't be no fool.
You wanna get high so you can turn out?
Let me tell you what it's all about.

You turn up the bottle, it messes up your brain,
You get so high you don't know your own name.
You start to stagger, stumble and fall,
Just 'cause you chose to drink alcohol.
You think you're talking plenty slick,
When all you're doing is making people sick.
They don't want to hear an idiot,
Talking like a fool and acting like a nut.
You say your friends drink, so what's so wrong?
Wait just a minute, let me finish my song.

Written by the "Self-Esteem Team"
Columbus, OH

PEER PRESSURE

Peer pressure, peer pressure, it's here and there.
Peer pressure, peer pressure, it's everywhere.
Peer pressure, peer pressure, it's on the street,
Peer pressure, peer pressure, it's hard to beat.
Sittin' round with y' friends talkin' bout that girl Missy,
Bottle in y'face, friends callin' you sissy.
Seems you're outnumbered and you're feelin' real dumb,
So y' turn up the bottle till y'brain gets numb.
That's peer pressure, that's peer pressure, yaw.
That's peer pressure, that's peer pressure, yaw.
And you just took a peer pressure fall.
Bust it!

Written by the "Self-Esteem Team"
Columbus, OH

ANTI-DRUG RAP

Ending your life is easy to do
With drugs and alcohol....That's it, you fool.
Crack's the fact that will wreck your brain.
Heroin, your soul; alcohol, the same.

Cocaine's not glamour, it's addict paste.
It destroys your nose and keeps you spaced.
And if you're still stupid, acid'll get you crazed,
Grass will keep you sleepy, dull and hazed.

So what's the point, you vacant one?
Is it to die dealing drugs or from needle fun?
Or do you just want to spend your life on the run?

RESOURCE

BACKGROUND INFORMATION ADVERTISING TECHNIQUES

Advertising is a multimillion-dollar business. The purpose of advertising is to sell a product. Specific techniques advertisers use when trying to persuade people to buy their products are:

1.	**THE BASIC AD**	This is the simplest advertising message. You just tell the people to buy your product and, if they have seen and heard the ad often enough, they may purchase it the next time they shop.
2.	**EYE APPEAL**	The ad suggests how good something tastes (e.g., alcohol, cigarettes) by showing people enjoying it. Often, a clever perspective will be used to make the product look larger, longer, thinner, smaller.
3.	**HAPPY FAMILY APPEAL**	A mother in the ad assures mothers in the viewing audience, "Your family will be happy and healthy if you buy this." Or, "If you want to show how much you love your husband and children, give them this."
4.	**EXPERTS SAY**	A golfer should know about golf balls; a chef is an expert on food. People usually trust experts. When the American Dental Society said that Crest® toothpaste helps prevent tooth decay, Crest® became the best-selling toothpaste in the country.
5.	**FAMOUS PEOPLE SAY**	When famous people say they like a product, viewers or readers may choose to follow their example. A sports star knows more about that sport than we do, but does she/he know more about cereal or cologne?
6.	**EVERYBODY LIKES**	The message is "Get on the bandwagon....Our product is so popular, you should like it too....Don't be left out!" Crowds of people are shown smiling as they use the product.
7.	**SNOB APPEAL**	This technique caters to people's desire to be, or at least to feel, rich. "Don't your guests deserve the best?" The ad tries to make us feel that we'll be better than "the average person" if we use this product.

8. **YOUTH APPEAL**	Many ads are aimed at the youth market and at older people who want to look and feel young. Not only do young people buy a lot of things, they often persuade their parents to purchase particular products or brands.
9. **SYMBOLS**	A symbol is a quick way to convey a message. The "White Tornado" suggests how quickly and powerfully Ajax® works. The Jolly Green Giant® stands for the health and strength his vegetables are supposed to give you.
10. **NEW AND IMPROVED**	To attract attention to an already established product, an ad may focus on some new, often nonessential feature—e.g., a different-shaped package.
11. **THE HUMBLE APPROACH**	Another way is to admit you are not the best. The Avis Rent-a-Car® ads say, "We're only No. 2, so we try harder." The claim is that you offer better service because you're trying to win customers.
12. **STATISTICS**	Take a survey to find out how many people like your product, then use those figures to persuade other people to try your product. Numbers often impress: "Four out of five people."
13. **CONCERN FOR THE PUBLIC GOOD**	"We don't pollute the air." "We keep kids from dropping out of school." The message is that people should have faith in the product of a company that is obviously civic-minded.
14. **ROMANTIC APPEAL**	A romantic message is often used in ads for cosmetics, mouth washes, clothing, and toothpaste. The ads suggest that people will be more attractive or more popular if they use your product: "Give your mouth sex appeal."
15. **HUMOR**	Some funny commercials have become famous. "I can't believe I ate the whole thing!" "Mamma mia, that's a spicy meatball!" Comic ads often give a product nationwide recognition.

UNIT III

HIV/AIDS EDUCATION CURRICULUM

HIGH SCHOOL LEVEL
(Suggested ages 14-17)

INTRODUCTION—AGES 14–17

Teens ages 14–17 experience physical, cognitive, and emotional growth and change. Although growth occurs in chronological stages, it is often uneven. For example, some teens may look physically mature and be less mature emotionally, or vice versa. Additionally, every individual grows at his or her own rate. When working with teens in this age group, it's helpful to be prepared for the uneven development of some teens and the different rates at which teens mature, as there will likely be a range of maturity levels of the young people in your group.

A common thread among young people in this age group, despite the variance in maturity levels, is the process of establishing independence from parents and seeking a sense of who they are separate from their families. This process of establishing independence usually involves trying out different behaviors and often questioning adult authority. While experimenting with different attitudes and behaviors is an important part of growing up, the presence of HIV makes sexual and drug-taking behaviors particularly risky today. Involvement of peer leaders as part of the prevention team can be especially helpful in building positive feelings about making choices to prevent HIV infection with this age group.

Young people need to know that the most effective way to prevent HIV infection is by not having any kind of sexual intercourse or using any type of drugs. Abstinence is the only method of preventing the spread of HIV through sex that is 100 percent effective if always practiced. Use of alcohol and other types of drugs can cloud judgment and can make people do things that could cause them to become infected with HIV. Injecting drugs can spread HIV from one person to another when injection equipment is shared or reused by another person. Therefore, this program is designed to help teens develop the skills to practice prevention behaviors related to sexual activity and drug use.

Through games, brainstorming, and decision-making and skill-building exercises, participants are actively involved in a comprehensive approach that includes knowing the facts about HIV/AIDS and other sexually transmitted diseases (STDs); exploring personal goals, relationships, and the decision-making process; and practicing negotiation and other skills to resist pressure through role-playing situations. Because teens are developing their own senses of compassion and concern for others, meeting people who are living with HIV or AIDS can have an impact. This opportunity is suggested as an additional activity included in Session 6.

Pressure on teens to try out sex or drugs can be very intense. There are good health-related reasons for teenagers not to have sex until they are older. Therefore, the focus of this program is to encourage the postponement of sexual intercourse and not using alcohol or drugs. It is important that all young people know the following:

- Not having sexual intercourse (abstinence) is the most effective method of preventing the spread of HIV during sex. It is also the most effective method of preventing other sexually transmitted diseases and pregnancy.

- If teenagers have sexual intercourse, using latex condoms during each and every act of intercourse, including oral, anal, and vaginal sex, from start to finish, greatly reduces the risk of infection with HIV.
- Drugs and alcohol impair decision making. Sharing needles of any kind puts people at risk of HIV—that includes injection drug use, skin popping, steroids, ear piercing, and tattooing.

At the completion of the program, participants will become involved in a group project that will provide opportunities to create effective messages they believe will help themselves and other young people protect themselves from getting HIV.

Note: Unit III is for the high school level, suggested for ages 14 to 17. Remember, as noted in Unit II, some young people ages 10 to 13 who are possibly sexually active need to learn some of the content taught in Unit III, such as condoms and how to use them. Remember to involve parents and guardians as suggested on page vii of the introduction and to obtain their permission for participants in **Act SMART.**

OVERALL UNIT OBJECTIVES

Upon completion of the six-session unit, participants will be able to

- Discuss what HIV is and what AIDS is.
- Identify and discuss the ways HIV is spread.
- Identify and discuss at least two STDs other than HIV infection.
- Give at least seven examples showing how HIV is not spread through everyday casual contact.
- Identify and discuss three ways HIV infection can be prevented.
- Discuss how personal goals and choices relate to HIV/AIDS prevention.
- Identify and describe five benefits of postponing sexual intercourse.
- Identify and describe five benefits of not using drugs.
- Identify and describe at least three skills used to say "No."
- Communicate to others the facts about prevention of HIV.
- Describe how to use a latex condom properly.
- Identify two needs of people living with HIV and AIDS.

SESSION OBJECTIVES

Participants will—

SESSION 1

- Discuss information on STDs including HIV infection and how HIV is spread and not spread, and identify ways to protect themselves from STDs, including HIV infection.
- Consider the needs of people living with HIV and AIDS.

SESSION 2

- Identify and discuss the decision-making process and practice using the decision-making approach.

SESSION 3

- Explore and discuss how their personal choices relate to the choices they make about HIV prevention.

SESSION 4

- Identify, describe, and practice skills relating to refusing drug taking and sexual activity.

SESSION 5

- Identify and discuss the facts about latex condoms, how to use them properly, and how to get a partner to agree to condom use.

SESSION 6

- Communicate to others through posters, songs, dance, public service announcements, TV or radio scripts, or advertisements their ideas about preventing the spread of HIV/AIDS.

UNIT AND ACTIVITIES AT A GLANCE

AGES 14-17

SESSION 1: LEARNING ABOUT HIV AND AIDS

• Introduction	5 min.
• Icebreaker	10 min.
• Brainstorming	5 min.
• "What Do We Know?" Game	35 min.
• Closure	5 min.
TOTAL TIME:	**60 MIN.**

SESSION 2: MAKING DECISIONS

• Rap Box Review	5 min.
• Brainstorming	15 min.
• Making Decisions—"The Story of Angela and Mark"	15 min.
• "Team Hunt for Decisions" Game	20 min.
• Closure	5 min.
TOTAL TIME:	**60 MIN.**

SESSION 3: PERSONAL GOALS AND CHOICES

• Rap Box Review	5 min.
• Brainstorming	10 min.
• Ranking Personal Goals	15 min.
• Personal Goals and How They Affect the Prevention of HIV	10 min.
• Why Kids Choose	15 min.
• Closure	5 min.
TOTAL TIME:	**60 MIN.**

SESSION 4: PRACTICING SKILLS TO RESIST PRESSURE

• Rap Box Review	5 min.
• Introduction/Review	5 min.
• Levels of Pressure/Ways to Resist Pressure	10 min.
• Role-Play Script Demonstration/Discussion	5 min.
• Skill Practice/Role-Playing Situations	30 min.
• Closure	5 min.
TOTAL TIME:	**60 MIN.**

SESSION 5: CONDOMS AND HOW TO USE THEM

• Rap Box Review	5 min.
• Introduction—Why Condoms Are Important	5 min.
• Information—How to Use a Condom (Discussion or Video)	20 min.
• Condom Talk Demonstration	5 min.
• Condom Talk Role-Play	15 min.
• More Talk About Condoms	5 min.
• Closure	5 min.
TOTAL TIME:	**60 MIN.**

SESSION 6: WHAT WE WANT OTHERS TO KNOW

• Rap Box Review	5 min.
• Group Project—Brainstorming/Discussion	50 min.
• Summary/Closure	5 min.
TOTAL TIME:	**60 MIN.**

Depending on the size and maturity level of your group, the time for these sessions may need to be adjusted.

SESSION 1:
LEARNING ABOUT HIV AND AIDS

OBJECTIVE: Participants will discuss STDs including HIV infection and how HIV is spread/not spread; and identify ways to protect themselves from STDs including HIV. Participants will consider the needs of people living with HIV and AIDS.

TIME: 60 minutes (Depending on the background knowledge of the group, this session can be divided into two 45-minute sessions.)

MATERIAL, RESOURCES NEEDED:

- ✓ Long table for contestants to stand behind
- ✓ Bells, horns, or buzzers
- ✓ Prepared "What Do We Know?" card categories
- ✓ "What Do We Know?" category sheets (copy as needed)
- ✓ Board, newsprint, markers for score keeping
- ✓ Game host and scorekeeper (Use members of prevention team. Good roles for peer leaders)
- ✓ Pre-boarded Baseline Knowledge Questions (page 7)
- ✓ Rap Box

Note: Most sessions will begin with the facilitator posting the pre-boarded Baseline Knowledge Questions. Prior to starting activities, leaders will engage participants in a brainstorming session to determine what information they currently possess. The facilitator should have answers to the questions pre-boarded to ensure that participants receive accurate information. Many of the activities will take place with participants sitting in a circle in a relaxed, casual atmosphere.

INTRODUCTION

Begin the session by introducing yourself and other members of the prevention team who will be helping to facilitate various activities throughout the program. Explain that over the next few weeks participants will take part in **Act SMART**, a learning-about-HIV-and-AIDS program. Most of the activities will focus on how to prevent getting HIV, the virus that causes AIDS. Tell them that teens often find themselves in situations where alcohol and drugs are being used. They may also be under pressure to experiment with sex. Both of these behaviors can increase the risk of contracting HIV. In the **Act SMART** program, they will have the opportunity to learn specific skills to help them resist pressure to engage in risky behaviors related to sex and drugs, including alcohol.

Explain that some young people don't believe they can become infected with HIV because they rarely see people their own age who have AIDS. One reason for this may be because the time between getting infected with HIV and developing AIDS can be 10 years or more. Many people diagnosed with AIDS in their twenties were infected when they were teenagers.

GROUND RULES

Share the following ground rules for the sessions:

- Only one person will talk at a time. Participants should not interrupt one another.
- No one has to talk about anything or anyone that makes them feel uncomfortable. No one will be forced to participate, but everyone is encouraged to do so.
- Everyone needs to respect the feelings, thoughts, and ideas of others. No one should laugh at or make fun of anyone else.

Ask for any additional ground rules participants would like to add. Confirm that everyone agrees to follow these. Close the discussion by noting:

- The facilitator/leaders value their opinions and thoughts, and welcome suggestions and ideas for subjects to be discussed/reviewed.
- A "Rap Box" will be available after each meeting in which participants can place anonymous questions, comments, and suggestions. (Bring out the Rap Box at this time and show it to the participants.)

ICEBREAKER

Ask participants to form a circle and sit on the floor. Ask the following question: "If you were stranded on a desert island, who would you want to be stranded with and why?"

Before asking anyone to respond, explain that each of them will have an opportunity to answer. They can identify anyone—a parent, a friend, or someone they don't know but know about. Encourage them to focus on some of the positive relationships they have or know about before coming up with their choice. Ask them to think about what they value most about the person they've chosen. Give them a few minutes to think about it.

If they appear hesitant or reluctant, the facilitator or peer leaders or other prevention team members can provide a format to follow. For example, "I would want to be stranded with my best friend, David, because he is a lot of fun, has a great sense of humor, and I don't think we would ever get bored."

As participants respond, list the characteristics they identify on newsprint. After everyone has completed the exercise, review the characteristics and reinforce the ones that are healthy components of strong, positive relationships. Tell participants that in the program in which they are about to participate, one of the things they will be discussing is relationships and the role they play in preventing HIV infection.

BRAINSTORMING

Prior to starting the first activity, the "What Do We Know?" Game, find out what baseline knowledge participants have by asking them what they know about HIV/AIDS. Use the pre-boarded Baseline Knowledge Questions.

BASELINE KNOWLEDGE QUESTIONS[1]

1. WHAT IS HIV? WHAT IS AIDS?
2. HOW IS HIV SPREAD?
3. HOW IS HIV NOT SPREAD?
4. HOW DO PEOPLE PREVENT HIV INFECTION?

ANSWERS

1. HIV is the virus that causes AIDS. AIDS is a result of HIV infection.

2. HIV is spread through blood, semen, vaginal fluids, or breast milk of an infected person.

3. HIV is not spread through casual contact such as coughing or sneezing, eating or drinking from shared utensils, shaking hands, or being around an infected person.

4. Not having sex, not sharing needles of any type, and avoiding alcohol and other drugs are the most effective ways to prevent HIV infection. If people have sex, using a latex condom the right way every time is very effective in preventing the spread of HIV. For people who use needles or syringes, using a new sterile needle and syringe every time can prevent HIV infection. Not using alcohol and other drugs helps prevent HIV infection because when people use alcohol and other drugs they may do things that could cause them to become infected with HIV.

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[1] Adapted from the "HIV/AIDS Frame," a teaching strategy used in the American Red Cross African-American HIV/AIDS Program, including the *Don't Forget Sherrie* materials.

(You can remind the group to avoid coming in contact with another person's blood. If they see an injured person bleeding, they can find an adult to give first aid. If they know how to give first aid, they should put on latex gloves (if they have them) and use a clean cloth as a barrier between themselves and the person's blood. Even if their hands look clean, they should wash them with soap and water soon after giving first aid.)

If they see blood on any surface, such as on the gym floor, on a sink, or anywhere, they should avoid it.

Once participants have a basic understanding of the answers to these questions, go on to the next activity, "What Do We Know?"

"WHAT DO WE KNOW?" GAME

Explain to participants that they are going to be involved in a game similar to TV quiz shows. The answers are given and participants are to provide the question to the answer. For example, the correct response to "The virus that causes AIDS" is, "What is HIV?" Be sure the following points are made about how to play the game:

1. They are going to participate as teams, each team consisting of two to five participants, depending on the size of the group.
2. Members of the prevention team will be the game host and scorekeeper. (These are good roles for peer leaders.)
3. The following categories for questions are available: Sexually Transmitted Diseases; HIV, the Virus That Causes AIDS; Postponing Sexual Activity; Condoms; People Living With HIV and AIDS.
4. Questions will go from easiest (worth 10 points) to hardest (worth 100 points). Teams will flip a coin to see who starts first. The team that begins will decide which category they want and the level of difficulty they want to tackle first. (For example, "Postponing Sex for 20 points" or "Postponing Sex for 50 points.")
5. The first team to sound its buzzer gets the opportunity to respond. If their first question (to the answer) is incorrect, the team that rings the buzzer next gets the opportunity to come up with the correct question and get into the game.
6. When a team's question is correct, they can choose to stay in the same category or choose a different one for additional questions.
7. If no team can put a correct question to a statement, the leader gives the correct answer.
8. The game should continue until all categories are completed. The team with the highest score wins.

After the completion of the game, take a few minutes to review the questions to ensure that everyone, not only those who knew the correct game responses, understands the information.

In addition to the summary questions, the facilitator may wish to review some of the answers and questions based on the results of the game. (For example, if participants had difficulty answering certain kinds of questions, they may need to be discussed again.)

SUMMARY QUESTIONS AND ANSWERS

How can you prevent getting an STD?

> *Abstain from having sex. If people have sex, using a latex condom the right way every time is highly effective in preventing HIV and other STDs.*

How can using alcohol or other drugs increase the risk of contracting HIV?

> *It can affect judgment.*

What type of condom is recommended to reduce the risk of infection with HIV and other STDs?

> *A latex condom.*

What gives additional protection when using a latex condom?

> *Use a water-based lubricant with a latex condom during sex to reduce the risk of breakage.*

Should you use a condom more than once?

> *No. A new latex condom should be used each time people have sex.*

Correctly used, do condoms ensure (100 percent) that you won't get HIV?

> *No. Abstinence, if always practiced, is the only sure way to prevent the sexual transmission of HIV if always practiced. However, when correctly used for each act of sexual intercourse—vaginal, anal, or oral—condoms can greatly reduce the risk of HIV infection during sex.*

What are some of the sexually transmitted diseases that you have heard about? Can you describe them?

> *Refer to Appendix E, Resource on Sexually Transmitted Diseases.*

Do only men who have sex with men get HIV?

> *No. HIV can be spread male to female, female to male, female to female, and male to male.*

Can I tell if someone is infected with HIV?

> *You can't tell just by looking at someone or asking questions. Many people who are infected with HIV do not know they are infected. It can take years before people who have HIV develop any symptoms.*

Why do teenagers need to think about HIV?

(Reinforce that some young people behave in ways that increase their chances of being infected. Some teenagers may try drugs or sex, both of which are directly related to becoming infected with HIV. And unfortunately, the number of young people becoming infected is increasing. Emphasize again that some young people don't believe they can become infected with HIV because they rarely see people their own age who have AIDS. Remind them that the time between becoming infected with HIV and developing AIDS can be 10 years or more. People who develop AIDS in their twenties may have been infected when they were teenagers.)

CLOSURE

End the session by emphasizing that HIV infection can be prevented. In the next few sessions, participants will get the chance to practice skills that will help protect them from becoming infected with HIV and other STDs.

Encourage them to put any questions, issues, or situations they would like to discuss in the Rap Box.

Let the participants know that the next session will focus on decision-making to prevent infection with HIV. Tell them the date, time, and place for Session 2.

WHAT DO WE KNOW? GAME
CATEGORY: CONDOMS

10 POINTS

It is often referred to as a rubber.
What is a condom?

20 POINTS

It is a protective shield that covers the penis and is used to reduce the risk of becoming pregnant and becoming infected with HIV and other sexually transmitted diseases when people have sex.
What is a condom?

30 POINTS

People who use latex condoms.
Who are people who are greatly reducing their risk of getting HIV and other sexually transmitted diseases?

40 POINTS

The number of times the same condom should be used during sex.
What is one time?

50 POINTS

The type of condom that has been shown to prevent HIV infection and other STDs.
What is a latex condom?

60 POINTS

Something that may also be purchased when buying a latex condom to reduce the risk of breakage during sex.
What is a water-based lubricant?

70 POINTS

A lubricant that can damage a condom.
What is an oil-based lubricant?

80 POINTS

This is more effective than a condom in preventing HIV transmission during sex.
What is abstinence? *Or*, **What is not having sex?**

WHAT DO WE KNOW? GAME

CATEGORY: POSTPONING SEXUAL ACTIVITY

10 POINTS

The only sure way to prevent getting a sexually transmitted disease like gonorrhea, syphilis, herpes, or HIV infection through sex when always practiced.

What is not having sex?

20 POINTS

Not doing something—for example, not having sex, not using drugs, not drinking alcohol.

What is abstinence?

30 POINTS

Two ways to be completely safe from HIV infection.

What are not having sex and not sharing needles/syringes?

40 POINTS

A risk if you have sex.

What is getting pregnant? *Or*, What is getting HIV infection or other STDs?

50 POINTS

A possible result for both male and female teens if they have sex.

What is getting a sexually transmitted disease?

60 POINTS

One reason why many teenagers engage in sexual behavior even when they really are not sure that this is what they want to do.

What is pressure from others? *Or*, What is peer pressure?

WHAT DO WE KNOW? GAME
CATEGORY: HIV/AIDS

10 POINTS

Letters that stand for acquired immune deficiency syndrome. It is a disease caused by a virus that attacks the immune system.
What is AIDS?

20 POINTS

The abbreviation for the name of the virus that causes AIDS.
What is HIV?

30 POINTS

The slang term drug users use for needles and syringes.
What is works?

40 POINTS

An infected person who uses injection drugs and shares needles with others can spread this virus.
What is HIV? (*Or*, what is Hepatitis B?)

50 POINTS

Hugging, coughing, sneezing, shaking hands, eating and drinking out of the same glasses and dishes, swimming in the same pool, drinking out of the same water fountain.
What are some ways HIV is not spread from one person to another?

60 POINTS

By having sex with an HIV-infected person, by sharing infected needles with someone who is HIV-infected, from an HIV-infected mother to her baby.
What are ways people become infected with HIV?

70 POINTS

Things that can cloud your judgment, leading you to have sex when you're not ready or to forget to use a condom when having sex.
What are alcohol and other drugs?

80 POINTS

You may want to consider getting these if you think you may have been exposed to HIV.
What are counselling and HIV antibody testing?

90 POINTS

If a person has HIV, it can be passed to another person through these four fluids.
What are blood, semen, vaginal fluid, and breast milk?

WHAT DO WE KNOW? GAME

CATEGORY: PEOPLE LIVING WITH HIV/AIDS

10 POINTS

Diseases people may have and not know it.

What are some STDs, including HIV?

20 POINTS

People often feel this way when they may be infected with HIV.

What is afraid or worried?

30 POINTS

Loss of job, independence, and opportunity to go to school.

What are some of the things that people living with AIDS may face?

40 POINTS

One reason why many people with HIV don't tell others about their condition.

What is fear of negative or harmful reactions from others?

50 POINTS

Something people can do to help people with AIDS.

What is offering help? (For example, transportation assistance, buying groceries, delivering meals.)

WHAT DO WE KNOW? GAME

CATEGORY: SEXUALLY TRANSMITTED DISEASES

10 POINTS

Diseases that can be spread from one person to another by sexual contact.
What are sexually transmitted diseases?

20 POINTS

These initials are used when referring to sexually transmitted diseases.
What are STDs?

30 POINTS

It is used to reduce the risk of pregnancy and sexually transmitted diseases when having sex.
What is a latex condom?

40 POINTS

This often has no symptoms; you may be infected by this and not know it.
What is a sexually transmitted disease? *Or,* **What is HIV?**

50 POINTS

A way to greatly reduce the risk of becoming infected with HIV if you have vaginal, anal, or oral sex.
What is using a latex condom?

60 POINTS

These are some sexually transmitted diseases teenagers may get.
What are herpes, gonorrhea, genital warts, and chlamydia?

70 POINTS

A possible result of some sexually transmitted diseases if not treated early.
What is sterility or not being able to have children?

80 POINTS

Three million people in this age group become infected with an STD each year.
Who are teenagers?

90 POINTS

The most effective way to prevent becoming infected with a sexually transmitted disease.
What is not having sex?

SESSION 2: MAKING DECISIONS

OBJECTIVE: Participants will identify and discuss the decision-making process and will discuss how the decisions they make about sex, alcohol, and drugs can prevent infection with HIV.

TIME: 60 minutes

MATERIALS, RESOURCES NEEDED:

- ✓ Rap Box
- ✓ Pre-boarded Decision-Making Steps
- ✓ "The Story of Angela and Mark" handout (copy for participants)
- ✓ "Team Hunt for Decisions" activity sheet (copy for participants)
- ✓ Markers and newsprint

Note: Remember to post the pre-boarded Baseline Knowledge Questions from Session 1 and refer to them as needed throughout the session.

RAP BOX REVIEW

Review questions and comments from the Rap Box.

BRAINSTORMING

Before starting the activity, find out what the participants know about making decisions. Have participants think of some easy decisions they have made recently, then ask them to think of some of the more difficult ones. Ask for volunteers to share examples of both. Use the following pre-boarded questions to review and discuss the decision-making process.

DECISION-MAKING PRE-BOARDED INFORMATION

DECISION-MAKING STEPS[2]

DETERMINE THE QUESTION/PROBLEM

"What is the question that needs to be answered?"

FIGURE OUT THE CHOICES

"What are the possible choices?" "What more do I need to know?"

THINK ABOUT THE RESULTS OF THE CHOICES

"What are the reasons (pro and con) to support the choices?"

MAKE A DECISION

"What is the best choice for me?"

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[2] Adapted from the American Red Cross *Don't Forget Sherrie Workbook* and the American Red Cross *Reaching Adolescents and Parents (RAP) Instructor Manual.*

DECISION-MAKING ACTIVITY

Tell participants that they are going to have an opportunity to "walk through" the decision-making steps by exploring a situation that many people their age experience.

Relate the following scenario:

Chris is having his final math examination tomorrow. Although he has a passing grade, he has an opportunity to raise his grade if he does well on the test. When he gets home from school his mother tells him that his cousin called. She has free tickets to the music concert in town tonight (featuring his favorite group). She wants to take Chris. What does Chris do?

Go through the following steps asking for comments, ideas, and suggestions after each step.

STEP 1. DETERMINE THE QUESTION/PROBLEM.

Should Chris go to the concert or should he stay home?
Can Chris do both?

STEP 2. FIGURE OUT THE CHOICES.

Chris can stay home and study.

Chris can go to the concert with his cousin.

Chris can study before and after the concert and still go.

STEP 3. WHAT ARE THE PROS AND CONS OF EACH CHOICE?

Chris stays home and studies.

PRO:
- There is a good chance Chris will raise his grades.
- Chris might feel better prepared to take the test.

CON:
- Chris will miss the concert featuring his favorite group.

Chris goes to the concert.

PRO:
- Chris hears his favorite group.
- Chris can tell all the kids at school he went to the concert.

CON:
- Chris could get a low grade on his test.

Chris studies before the concert, goes to the concert, and then studies more when he gets home.

PRO:
- Chris is able to go to the concert with his cousin.

CON:
- Chris doesn't have as much time to study for the test.
- Chris could be really tired for his test and make careless mistakes.

STEP 4. WHAT IS THE BEST CHOICE FOR CHRIS?

Ask participants what choice they think is the best one for Chris.

Ask for a few volunteers to identify how they might follow the decision-making steps if they were in the same situation as Chris. Point out that different people may make different decisions when faced with the same situation.

Point out that going through the decision-making process helps people stop and think before taking action and make better decisions for themselves.

Tell participants that they can use the decision-making steps to make decisions to prevent becoming infected with HIV.

"THE STORY OF ANGELA AND MARK" ACTIVITY SHEET"[3]

Distribute "The Story of Angela and Mark" activity sheet. Have a peer leader or staff member read the story aloud to the group.

After reading the story, discuss the following:

- Why did everything go so badly for Angela and Mark?
- What might Mark have done differently?
- What might Angela have done differently?
- Whose responsibility was it to prevent Angela and Mark's situation?

Tell participants that in this story Angela becomes pregnant. **Ask what other problems Angela and Mark might have because they had sex without a latex condom.** (Getting HIV infection or another STD if one of them had already had sex with another partner or done injection drugs.)

Ask participants to think about two issues:

1. Angela and Mark didn't talk about what they were doing. What problems could have been prevented if Angela and Mark talked to each other about their feelings?
2. Angela and Mark just let things happen in their relationship rather than make well-thought-out decisions. How important is it to think about important decisions that affect your risk of becoming infected with HIV?

"TEAM HUNT FOR DECISIONS" GAME

Divide the group into two teams. Tell them that they are going to play the "Team Hunt for Decisions" game. The aim of the game is to think about the decisions that Angela and Mark could have made to change their situation. Distribute the "Story of Angela and Mark: Team Hunt for Decisions" activity sheet.

Each team is to try to find as many decision points as possible in the story. These are the places where Angela and Mark could have made a decision about their situation—a decision that could have provided a different ending to their story.

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[3] Adapted from Jamaica Red Cross *Together We Can* HIV/STD Peer Educator's Handbook.

Ask each team to find as many decision points as possible. Tell participants that they have 15 minutes to complete the activity sheet.

Call the teams together and have each team report on the decision points they found. The team that finds the most decision points wins the hunt. After the reports, discuss any points on the facilitator sheet that the teams didn't find.

CLOSURE

When the activity is completed, ask participants what they learned about making decisions. If no one else makes the point, remind everyone that "The Story of Angela and Mark" showed how just drifting into relationships can be risky, and how important it is to think carefully before we make decisions. Remind them that when people take drugs or have sex, they have made a decision to do so. If someone has decided to try alcohol or other drugs or to have sex, it doesn't mean that they are stuck with that decision. If a couple, for example, had sex one time but now wants to postpone having sex, they have the opportunity to make a different decision. Emphasize that each time you are confronted with a situation you can make a new decision. You have the choice.

Encourage participants to put any questions, comments, or suggestions in the Rap Box. Remind participants of the date, time, and place of the next session.

THE STORY OF ANGELA AND MARK

HANDOUT

Angela and Mark attend high school. She is 15; he is 16. Both are doing well in school. Angela wants to continue studying, and go to college. Mark wants to become an accountant.

Angela and Mark have known each other for a long time. Over the past year they have become closer and are now special friends. Mark is beginning to feel that he wants to have sex with Angela but isn't sure that she will agree. Mark's friends are all bragging that they have had sex, and Mark is beginning to feel that they won't think he's a man if he doesn't start having sex. Angela is worried that Mark will press her for sex. She doesn't feel ready and her mother has warned her about this. But Angela feels happy with Mark and wants to keep him as her boyfriend.

Angela and Mark go to a friend's party one night. They have beer and begin slow dancing. They go outside to cool off and start cuddling. Mark tells Angela how much he loves and cares for her and says that he wants to be even closer. Angela loves Mark and is also feeling physically attracted to him. But she doesn't know what to do. All of her friends have been saying how wonderful love is and that it makes you into a woman. Mark continues to cuddle and sweet-talk Angela. Angela likes this, but still isn't sure this is what she wants to do. She doesn't say anything and soon they have sex. It happens quickly and they are both embarrassed afterward.

The months pass by. Angela and Mark continue to see each other. When they are together Mark pressures Angela to continue to have sex. He tells Angela that since they have already done it there is no harm in continuing. Angela still likes Mark but is worried about what is happening. They have never talked about sex, and Angela can't bring herself to talk about this with Mark. They continue to have sex. Then disaster strikes. Angela's period doesn't come. She waits, hoping it will start. A month later she is sick every morning and her mother suspects she is pregnant and takes her to the doctor. Angela leaves school to have the baby. Mark doesn't want to get married and is not interested in being a father at this time. Angela and Mark are uncomfortable with each other and eventually drift apart.

"TEAM HUNT FOR DECISIONS" ACTIVITY SHEET

DECISION POINTS

THE FIRST ONE IS DONE FOR YOU.

DECISION 1: Mark could have decided not to be influenced by his friends, and to wait until he was ready for sex.

DECISION 2:

DECISION 3:

DECISION 4:

DECISION 5:

DECISION 6:

DECISION 7:

DECISION 8:

DECISION 9:

DECISION 10:

DECISION 11:

DECISION 12:

RESOURCE

SAMPLE ANSWER SHEET TEAM HUNT FOR DECISIONS

WHAT DECISIONS COULD ANGELA AND MARK HAVE MADE TO HAVE A DIFFERENT ENDING TO THE STORY?

Each team should try to find as many decisions points as possible. The team with the most decision points wins the game.

DECISION 1: Mark could have decided not to be influenced by his friends, and to wait until he was ready for sex.

DECISION 2: Angela could have decided that she wasn't ready for sex, and could have clearly told Mark "No."

DECISION 3: Either Angela or Mark could have decided to talk to the other about their feelings, to decide what they wanted to do.

DECISION 4: Alcohol reduces inhibitions and makes sex without a latex condom more likely. Either Mark or Angela could have avoided drinking at the party.

DECISION 5: Mark and Angela knew that they were physically attracted to each other. So, if they wanted to avoid sex, they could have decided on other activities to do together instead of sex.

DECISION 6: If Angela had clearly decided that she didn't want to have sex, she could have told Mark so, and told him to stop cuddling her after the party.

DECISION 7: Before they began having sex, either Mark or Angela could have said that they didn't want to continue without using a latex condom. If they didn't have a latex condom, they could have done other things (holding hands or kissing), so there was no risk of getting HIV infection or other STDs, or of pregnancy.

DECISION 8: After having sex the first time, Mark and Angela could have talked and decided not to have sex again. Or if they continued having sex, they could have decided to use latex condoms to avoid getting HIV infection or other STDs.

SESSION 3:
PERSONAL GOALS AND CHOICES

OBJECTIVE: Participants will explore and discuss how their personal goals relate to the choices they make about HIV/AIDS prevention.

TIME: 60 minutes (Depending on the length of discussion and interest of participants, you may need to break this session into two 45-minute sections.)

MATERIALS, RESOURCES NEEDED:

✓ Rap Box
✓ "Rank Your Personal Goals" activity sheet (For each participant, copy and cut in strips and make a packet)
✓ Sheets of plain paper
✓ Tape or glue
✓ Envelopes (one for each participant)
✓ Pre-boarded Questions (see below)
✓ Newsprint, markers
✓ Resource Sheet: Benefits of Postponing Sex (page 39)

RAP BOX REVIEW

Review questions and comments from the Rap Box.

BRAINSTORMING

Before starting the activity, find out how much participants know about risky behaviors and what they need to know and do to prevent themselves from becoming infected with HIV. Use the following questions to guide the brainstorming. Refer to pre-boarded Baseline Knowledge Question #4 from Session 1 as needed.

QUESTIONS (PRE-BOARDED)

1. HOW CAN MALES BE SEXUALLY RESPONSIBLE AND PREVENT HIV?
2. HOW CAN FEMALES BE SEXUALLY RESPONSIBLE AND PREVENT HIV?
3. WHAT SEXUAL BEHAVIORS CONTRIBUTE TO BECOMING INFECTED WITH HIV?

ANSWERS

1. Don't pressure your partner to have sex if he or she doesn't want to.

   If you decide to be sexually active, always use a latex condom. Postpone sex until you're older. Remember that not having sex doesn't mean you are not a man.

2. Don't pressure your partner to have sex if he or she doesn't want to.

   Protect your body from unwanted pregnancies, STDs, and HIV/AIDS by postponing sex, or reduce the risk by having your partner use a latex condom each time you have sex. Remember, having sex doesn't make you a woman.

3. Having sex without using a latex condom or having sex with more than one person.

   The more people with whom you have sex, the greater the risk that one of them will be infected and can infect you.

Using alcohol and other drugs may make people do things that could cause them to become infected with HIV, such as having sex without using a latex condom.

Once participants have a basic understanding of the answers to the pre-boarded questions, go on to the next activity. Point out that they will be discussing more about responsibility and sexual behavior, but first they are going to explore some of their personal goals. Explain that a personal goal is something one feels is very important; something one values highly.

Tell the participants that their personal goals may help them make decisions about HIV prevention.

RANKING PERSONAL GOALS

- Distribute a packet of statements to each participant.
- Ask participants to sit on the floor and empty their packets, putting all the statements on the floor in front of them.
- Instruct participants to look over the statements and choose the 10 statements that are most important to them. Put them in one pile and put the remaining 10 statements in another pile.
- Tell participants there is no right or wrong order—everyone may have a different reaction to each personal goal statement.
- Show participants how to rank their personal goals by writing the following on newsprint as an example:

TEN MOST IMPORTANT PERSONAL GOALS (IN ORDER OF IMPORTANCE)

1.

2.

3.

4.

...and so on.

TEN LEAST IMPORTANT PERSONAL GOALS (IN ORDER OF IMPORTANCE)

1.

2.

3.

4.

...and so on.

When participants finish ranking the statements, instruct them to tape or glue them in rank order to a piece of paper.

Ask participants the following:

- Which was easiest to choose—the "most important" personal goal or the "least important" personal goal? Why?
- Which ones have you never really thought about before? Which ones do you think about a lot?
- Were you surprised about your feelings about any particular one? Which ones?

Point out to participants that when they have a relationship with another person, they sometimes put their own personal goals aside because they want to please the other person. Emphasize that their personal goals can influence the decisions and choices they make. Ask for volunteers to give some examples of how this can happen.

PERSONAL GOALS AND HOW THEY AFFECT DECISIONS ABOUT THE PREVENTION OF HIV

Divide the group into three teams. Assign each team one of the following questions to answer: Which of the personal goals statements might influence the decisions young people make about—

- Postponing sex?
- Having sex without using condoms?
- Using condoms?

Give each team 10 minutes to come up with a list of personal goals that might influence decisions about the team's topic. Appoint a participant or staff member to act as recorder. After the teams have answered their assigned question with a list of personal goals, bring the teams together to discuss them. Emphasize how personal goals influence their decisions—decisions that could help to prevent HIV.

Provide participants with envelopes to keep their sheets in. Participants can take the envelopes with them or leave them for use at future sessions.

Before starting the next activity, review the knowledge participants have about HIV and drug use, postponing sex, and STDs. Use the following questions to guide the discussion:

QUESTIONS (PRE-BOARDED)

1. HOW DO DRUGS RELATE TO GETTING HIV?
2. WHAT ARE SOME REASONS FOR POSTPONING SEX?
3. WHAT SHOULD YOU KNOW ABOUT PREVENTING HIV INFECTION AND OTHER STDS, IF YOU HAVE SEX?

ANSWERS

1. SHARING NEEDLES JUST ONE TIME WITH AN HIV-INFECTED PERSON can infect you with HIV. Drug use affects judgment and might result in having sex without using a latex condom.

2. YOU CAN BE 100 PERCENT CERTAIN THAT YOU WILL NOT GET HIV infection and other STDs through sex. Many young people are not emotionally ready to engage in sexual activity.

3. ALWAYS USE A LATEX CONDOM THE RIGHT WAY EVERY TIME TO GREATLY REDUCE RISK.

Once participants have a basic understanding of the answers to the pre-boarded questions, go on to explore with them some of the reasons why young people their age choose to use or not use drugs, and to have or postpone having sex.

WHY KIDS CHOOSE

Divide the participants into four groups. Assign one of these topics to each group: reasons teenagers use drugs, don't use drugs, have sex, postpone having sex. Ask each group to think of as many reasons as they can why people their age engage in these behaviors.

Have a staff member or a designated older group member record each reason on newsprint. Ask a representative of each group to share the group's reasons with everyone.

Note: Because it's important to respond to the needs and feelings of the group members, use the prepared reasons that are listed on the resource sheets only if the members are non-responsive or need encouragement to verbalize.

Draw from the resource sheets on the General Facts About Alcohol and Other Drug Use and the Benefits of Postponing Sex as needed in the discussion.

Ask participants to think about their own reasons for postponing or having sex; and for not using or using drugs. Ask them to think about how their choices help prevent HIV or put them at risk.

CLOSURE

Explain to participants that sometimes they may choose to do something—such as "not use drugs"—and then feel pressured by a friend or peer to change their mind. Tell them that refusing to do something when others are pressuring you often takes skill. Tell them that in the next session they will practice the skills needed to resist that kind of pressure.

Encourage them to put any questions, comments, or ideas in the Rap Box.

Remind participants of the date, time, and place of the next session.

RANK YOUR PERSONAL GOALS ACTIVITY SHEET

INSTRUCTION: CUT INTO STRIPS ALONG THE DOTTED LINES.

Not letting anything stand in my way of making it in life.

Getting good grades.

Getting a good job.

Getting along with my parents/guardian/other adults.

Getting married when I'm a teenager.

Getting married after the age of 21.

Living by my religion.

Being artistic or creative.

Feeling safe from harm.

Making lots of money.

Not using drugs.

Having sex now or very soon.

Having sex when I get married.

Having sex with someone I love.

Treating other people with compassion and respect.

Having someone I can confide in or talk to whenever I want.

Being liked by others.

Being good in sports.

Not having children until I can take care of them.

Having children when I'm a teenager.

Staying healthy; for example, protecting myself from an illness like AIDS.

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RESOURCE

BENEFITS OF POSTPONING SEX

Teenagers need to know why it is important to postpone sex (to abstain) until they are more physically and emotionally mature. They need to think about the many social and health benefits (in addition to personal ones) of delaying sex.

Different people—both teenagers and adults—may have different ideas about what abstinence means. In this handout, we define abstinence as follows:

Postponing (putting off until later) vaginal, oral, and anal sex.

HERE ARE SOME OF THE HEALTH BENEFITS OF POSTPONING SEX:

- Abstinence is the only method of preventing the spread of HIV through sex that is 100 percent effective, safe, and free of side effects if always practiced.

  About one fifth of all people with AIDS in the United States are in their teens and twenties. Many of those in their twenties were probably infected in their teens. In 1991, AIDS became the sixth leading cause of death for 15- to 24-year-olds. Cases of AIDS are increasing fastest for people in this age group.

- Postponing sex protects you from other sexually transmitted diseases (STDs), as well as HIV infection.

  About one out of every six American teens gets an STD each year—that's the highest rate of any age group.

- When you don't have sex, you don't risk pregnancy.

  One in four teenage girls becomes pregnant by age 18. One million teenage girls become pregnant each year, and 84 percent of all teen pregnancies are unintended. Half of all teen pregnancies occur within six months of becoming sexually active. Teenage mothers are less likely to have prenatal care than older mothers, and they have a greater risk of health complications for themselves and their babies.

  Teenage boys who become fathers are much more likely to drop out of high school and are only half as likely to finish college as their peers who delay fatherhood.

- Teenage girls who are sexually active have an increased risk of cervical cancer.

  Research shows that there is a connection between early sexual activity and multiple sexual partners and an increased rate of cervical cancer in young women (under age 25).

- Postponing sex will give you more time to become familiar with ways to protect yourself from becoming infected with HIV and other STDs, and from pregnancy.

HERE ARE SOME OF THE PERSONAL AND SOCIAL BENEFITS OF POSTPONING SEX:

- Postponing sex can be a sign of emotional maturity and integrity. Many teenagers say they felt pressured into having sex before they were ready. (It requires maturity and honesty to resist pressure from others, particularly those whose opinion you value. It is not always easy to assert how you feel in sexual situations.)
- Postponing sex may contribute positively to a relationship and allow you time to get to know each other better and to establish better communication about what you want. Postponing sex may help build intimacy between you. If you do have sex later, you may be able to handle it better.
- Postponing sex allows time to make decisions you can live with.
- Postponing sex lets couples express their emotions in many different and creative ways, including holding each other, renting favorite movies together, and talking about feelings.

Sources:

Alan Guttmacher Institute. *Facts in Brief: Teenage Sexual and Reproductive Behavior.* New York, NY. 1993.

Richard P. Barth. *Reducing the Risk: Building Skills to Prevent Pregnancy, STD and HIV, Second Edition.* ETR Associates, Santa Cruz, CA. 1993.

Center for Population Options. *Adolescent Males and Teen Pregnancy.* Factsheet. Washington, D.C. 1990.

Center for Population Options. *Adolescent Sexuality, Pregnancy and Parenthood.* Factsheet. Washington, D.C. 1990.

Center for Population Options. *Adolescents, HIV and Other Sexually Transmitted Diseases (STDs).* Factsheet. Washington, D.C. 1993.

RESOURCE

GENERAL FACTS ABOUT ALCOHOL AND OTHER DRUG USE AMONG CHILDREN AND TEENS

1. **CHILDREN LEFT AT HOME ALONE FOR 11 HOURS OR MORE** each week are nearly twice as likely to use alcohol, tobacco, and marijuana as are children under adult supervision.

2. **BY THE FOURTH GRADE:**
   40% of students feel pressured by friends to smoke cigarettes;
   34% feel pressured to drink wine coolers; and
   24% say their friends encourage them to try cocaine or crack.

3. **NEARLY ALL STUDENT (93%) IN GRADES FOUR TO SIX** know that cocaine or crack is a drug. However, less than half of these students call beer, wine, or liquor a drug, and less than a quarter of the students know that wine coolers contain alcohol.

4. **IN 1992, EIGHTH GRADERS WERE SIGNIFICANTLY LESS** likely to see cocaine or crack as dangerous than eighth graders in 1991.

5. **TRENDS IN PERCEPTION OF RISK ASSOCIATED WITH DRUG** use have declined among 12th graders. Only 24.5% of seniors believe that trying marijuana is risky to their health; only 42.3% believe that there is risk in taking LSD (down 4.3% from 1991 results); only 50.9% think it is harmful to try heroin.

6. **THERE ARE 28 MILLION CHILDREN OF ALCOHOLICS IN THE** United States, 6.6 million of whom are under the age of 18.

7. **ALMOST ONE OUT OF THREE BOYS AND ONE OUT OF FIVE** girls classify themselves as drinkers by age 13. Over half of sixth graders report peer pressure to drink beer, wine, or liquor.

8. **AT LEAST 8 MILLION AMERICAN TEENAGERS USE ALCOHOL** every week, and almost half a million go on a weekly binge.

9. **OF THE 20.7 MILLION 7TH THROUGH 12TH GRADERS** nationwide, 10.6 million drink.

10. **JUNIOR AND SENIOR HIGH SCHOOL STUDENTS DRINK 35%** of all wine coolers sold in the United States (31 million gallons) and 1.1 billion cans of beer (102 million gallons).

11. **OF THE 10 MILLION STUDENTS WHO DRINK—**
    25% drink to get high;
    25% drink when they are bored;
    41% drink when they are upset; and
    31% drink alone.

12. **SOME 2.6 MILLION TEENAGERS DO NOT KNOW THAT A** person can die from an overdose of alcohol.
13. **THE NUMBER OF YOUNG PEOPLE ABUSING INHALANTS IS** greater than those abusing cocaine: 775,000 versus 745,000, respectively.
14. **ONE IN EVERY SIX EIGHTH GRADERS (17.4%) HAS USED** some inhalant at some time; one in every 20 (4.7%) has used one in the past 30 days.
15. **RECENT STUDIES SHOW THAT APPROXIMATELY 7% OF** male high school students have tried anabolic steroids, and 20% of high school football players are users.
16. **STEROID USERS AGES 12-34 ARE THREE TIMES MORE** likely than others to use drugs like marijuana and cocaine. They also are two to three times more likely to have committed violence in the past year.

Source:
The American Council for Drug Education. *Facts about Alcohol and Other Drug Use Among Children and Teens.* News Release Factsheet. Washington, D.C. 1994.

RESOURCE
WHY KIDS CHOOSE TO POSTPONE SEX

- NOT GOOD FOR MY BODY.
- WAITING UNTIL I GET OLDER.
- AGAINST RELIGIOUS BELIEFS.
- ROLE MODELS DON'T DO IT.
- WILL INTERFERE WITH GOALS.
- PARENTS WOULD BE UPSET.
- WANT TO REMAIN INDEPENDENT.
- FRIENDS DON'T DO IT.
- DON'T WANT TO HAVE A BAD REPUTATION.
- WAITING FOR THAT SPECIAL PERSON.
- WANT TO CONCENTRATE ON MY STUDIES. WANT TO GO TO COLLEGE.
- DON'T WANT TO RISK GETTING PREGNANT OR GETTING AN STD, INCLUDING HIV INFECTION.

RESOURCE

SOME REASONS KIDS CHOOSE TO HAVE SEX

- BOYFRIEND/GIRLFRIEND IS PRESSURING ME.
- WANT TO FIND OUT WHAT IT IS LIKE.
- SHOW INDEPENDENCE/FEEL MORE ADULT-LIKE.
- FEEL ACCEPTED; BE MORE POPULAR.
- WANT TO STOP FEELING LONELY.
- WANT TO HOLD ON TO A RELATIONSHIP.
- WANT TO MAKE PARENTS ANGRY.
- CONFUSION.
- FOR FUN, EXCITEMENT.
- AVOID BEING BORED.
- ROLE MODELS DO IT.
- TO KEEP A FRIEND.
- TO ACT "COOL," "MACHO," OR TO LOOK "SEXY."
- EVERYONE ELSE IS DOING IT.
- IT FEELS GOOD.
- CURIOSITY.

RESOURCE

SOME REASONS KIDS CHOOSE TO USE DRUGS

- CURIOSITY.
- TAKING A RISK.
- SHOW INDEPENDENCE/FEEL MORE ADULT.
- BE PART OF A GROUP.
- TO FEEL ACCEPTED; TO BE MORE POPULAR.
- TO AVOID LONELINESS.
- LACK OF SELF-ESTEEM.
- CONFUSION.
- FOR FUN, EXCITEMENT.
- AVOID BEING BORED.
- PRESSURE FROM OTHERS.
- ROLE MODELS DO IT.
- TO KEEP A FRIEND.
- TO LOOK "COOL," "MACHO," OR TO LOOK "SEXY".
- EVERYONE ELSE IS DOING IT.
- ESCAPE THE WORLD AS IT IS.

RESOURCE

SOME REASONS KIDS CHOOSE NOT TO USE DRUGS

- NOT GOOD FOR MY BODY.
- CAN MAKE PEOPLE ADDICTED.
- AGAINST RELIGIOUS BELIEFS.
- ROLE MODELS DON'T DO IT.
- WILL INTERFERE WITH GOALS.
- PARENTS WOULD BE UPSET.
- HAVE OTHER THINGS TO DO.
- DO NOT HAVE TIME.
- FRIENDS DON'T DO IT.
- DON'T WANT TO HAVE A BAD REPUTATION.
- IT COSTS TOO MUCH MONEY.
- IT WILL INTERFERE WITH PERFORMANCE IN SPORTS, SCHOOL, ACTIVITIES, FUTURE PLANS.
- IT'S ILLEGAL.
- IT CAN CAUSE PERMANENT DAMAGE TO THE MIND AND TO OTHER PARTS OF THE BODY.
- IT CAN KILL.

SESSION 4: PRACTICING SKILLS TO RESIST PRESSURE

OBJECTIVE: Participants will identify, describe, and then practice skills relating to resisting drug-taking and sexual-activity behavior.

TIME: 60 minutes (Depending on the background knowledge of the group, this session can be divided into two 45-minute sessions.)

MATERIALS, RESOURCES NEEDED:

- ✓ Large cards, markers
- ✓ Newsprint, markers
- ✓ Role-play script (to be acted out)
- ✓ "Levels of Pressure/Ways to Resist Pressure" activity sheet (copy for participants)

RAP BOX REVIEW

Review questions and comments from the Rap Box.

INTRODUCTION/REVIEW

Tell participants that they are going to try some role-playing during this session. In the role-play situations, they are going to have a chance to practice skills to resist pressure—how to say "No" to something they don't want to do even though someone is putting on the pressure. Find out how many have used these skills before. (Those who have participated in **SMART Moves** will be very familiar with these skills.) Distribute and review the "Levels of Pressure/Ways to Resist Pressure" activity sheet.

ROLE-PLAY SCRIPT DEMONSTRATION

Explain that before they start you are going to role-play a sample situation with another staff member or volunteer participant. This will demonstrate to the group how they can effectively refuse to do something even as the pressure increases. (Facilitator and staff member or volunteer should practice before the session, using the following role-play script.)

Jackie and Andre are at a party and almost everyone is drinking beer. They haven't had sex and neither has pressured the other about it. But after a few beers, Andre tells Jackie he really wants to have sex tonight. If you were Jackie, how would you handle the situation to resist the pressure from Andre effectively?

JACKIE AND ANDRE ROLE-PLAY SCRIPT

ANDRE: Let's go upstairs for awhile and get away from the party. I want to be alone with you.

JACKIE: No, I don't want to.

ANDRE: Don't you trust me?

JACKIE: I'd just rather not go upstairs.

ANDRE: Oh, come on. You don't want people to think you're a baby do you?

JACKIE: I don't want to. It doesn't feel right for me.

ANDRE: If you loved me, you would go upstairs and have sex with me.

JACKIE: If you cared about me, you wouldn't insist that I do something I don't want to do.

ANDRE: Come on... let's go upstairs. I know a nice private spot. I've got it all picked out.

JACKIE: I said no and I mean it. I don't want to discuss it anymore. I'm going to find Pat and leave now.

ANDRE: You go if you want to. I'm going to stay.

JACKIE: *(Walks away.)*

DISCUSSION

Ask participants to comment on the kind of pressure Andre was using and the way Jackie resisted the pressure. What skills did she use? How effective were they? What would participants have done differently? What would participants have done the same?

Note: Help participants recognize that sometimes resisting pressure will mean that other problems may arise (such as finding a safe way home). Reinforce the importance of being prepared and anticipating these types of problems.

SKILL PRACTICE

Ask the group to form pairs. Introduce the following role-play situations and ask the pairs to choose one of the situations. Peer leaders, or adult volunteers if there are not enough peer leaders, will role-play the parts doing the pressuring. Participants will practice refusing the pressure (using the skills they just reviewed). Each situation should take about 5-10 minutes, giving participants a chance to practice refusing pressure.

After practicing the situations in pairs, ask for volunteers to come up in front of the group and role-play the situation for everyone. Do this for all three situations. Give everyone a chance to role-play a situation.

Note: To ensure that participants practice only the positive skills (such as how to resist pressure), it is important to have prevention team members (peer leaders/adult volunteers) play the negative roles throughout the role-play exercises.

ROLE-PLAY SITUATIONS

SITUATION 1

Your boyfriend or girlfriend is pressuring you to have sex. You don't really want to and you're worried about HIV infection and other STDs. His/her attitude is, "Everyone else is doing it." How can you refuse effectively?

SITUATION 2

Your friend wants to get high on pot/grass/weed. She/he says she/he knows where you can get some—no questions asked. She/he is pressuring you to go and pick up the stuff. How do you say no?

SITUATION 3

You run into some of your friends at a party. They seem to be "high" on something and are acting "weird." They're real friendly toward you and when they leave the party they ask you to go with them. You don't feel comfortable about going with them but don't want to upset these old friends. How can you refuse effectively?

ADDITIONAL ROLE-PLAY OPTIONS

These additional scenarios can be used in this session or in an additional skills session. Encourage participants to develop their own ways to resist pressure situations based on their experiences.

SITUATION 4

Tim and Latisha have been going out for more than a year. Tim wants to have sex. He tells Latisha he loves her and that if she loves him she will say yes. Latisha doesn't feel that she is ready for sex. She likes making out and "fooling around," but her friends say guys get tired of that stuff. How can Latisha refuse effectively?

SITUATION 5

Leslie and Joe are a couple and have gone on a camping trip for the weekend. They have had sex before and thought they probably would this weekend, too. Once they arrive at their campsite and settle in, things start getting pretty hot. Eventually they realize that both of them had forgotten to bring along any latex condoms. Leslie says, "It doesn't matter for one night." Joe thinks it does. How can Joe say "no" effectively?

After each role-play, ask participants to comment on the type of pressuring used and what skills were used to counteract the pressure.

CLOSURE

Point out that it often takes time to feel comfortable using the skills they just practiced. Sometimes, because of what they see on TV, in the movies, or around them, they may have doubts about what is right for them when it comes to using drugs or having sex.

Refer back to the activities on personal goals and why young people choose to have sex or postpone sex, use drugs or not use drugs. Emphasize that if they keep in mind what they value most—what they believe is right for them—and practice the behaviors that will protect them from contracting HIV infection, they will be successful in using the skills they've just practiced.

Ask participants to put questions and comments in the Rap Box.

Remind participants of the date, time, and place of the next session.

LEVELS OF PRESSURE/WAYS TO RESIST PRESSURE ACTIVITY SHEET

LEVELS OF PRESSURE	EXAMPLES
FRIENDLY: A simple offer.	"Would you like a beer?"
TEASING: People make fun of you and call you names if you say no.	"Are you chicken? Are you a mama's boy/girl?"
THREATS: People use physical or psychological threats.	"If you don't take this drink, I'm going to beat you up."
INDIRECT: People are pressuring you even though they are not making a direct offer.	"Hey, come to my party. There's going to be some sexy guys/girls there. We'll have fun!"

WAYS TO RESIST PRESSURE	EXAMPLES
1. No, thanks.	**"Thank you, but no."**
2. Cold shoulder.	Ignore the person.
3. Broken record.	Repeat the same phrase over and over. "Would you like a beer?" **"No, thanks."** "Oh, have one." **"No, thanks."** "Just try a sip." **"No, thanks."**
4. Avoiding the situation.	Don't go with peers if you think you might be pressured or if you feel uncomfortable about the situation.
5. Walking away.	"Would you like to go to my house? No one is home." Say: **"No, thanks,"** and walk away while you say it.
6. Giving a reason or excuse.	"Just let me kiss you." Say: **"I don't want to. It just doesn't feel right for me."**
7. Changing the subject.	Start talking about something else.
8. Reversing the pressure.	"If we're such good friends, why won't you smoke a joint with me?" Say: **"If you were my friend, you wouldn't ask."**
9. Proposing an alternative	"Bring some beer to the party." Say: **"I'll bring some soda. I don't feel it's right for me to bring beer."**

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SESSION 5:
CONDOMS AND HOW TO USE THEM

Note: This activity may be controversial in some communities. Plan carefully when preparing to teach this activity. The sample parent/guardian permission form covers giving permission to teach this session. Remember to make sure your board is aware of the content you will teach in this session, as well as all the sessions. It may be helpful to have a list of clinics/medical facilities that provide services for young people available for teens who request such information.

OBJECTIVE: Participants will identify and discuss the facts about condoms, how to use them properly, and how to encourage use of condoms during sex.

TIME: 60 minutes

MATERIALS, RESOURCES NEEDED:

✓ *Considering Condoms* video

✓ Paper, pencils

✓ Condom Talk activity sheets: "Condom Talk, Part One" and "Condom Talk, Part Two" (copy for participants)

✓ "The Facts About Correct Condom Use" handout (copy for participants)

RAP BOX REVIEW

Review questions and comments from the Rap Box.

INTRODUCTION—
WHY CONDOMS ARE IMPORTANT

Sexual abstinence is the only method of preventing the sexual spread of HIV that is 100% effective, safe and free of side effects if always practiced. In addition, postponing sex protects young people from other STDs, and eliminates any risk of pregnancy. However, for those who decide to have sex, condoms are highly effective in preventing the spread of HIV infection and other STDs during sex.

Use of a condom will help avoid unwanted pregnancies.

Note: For sexually active females who want to prevent pregnancy, it is best that they discuss pregnancy prevention methods with their clinic or doctor.

INFORMATION—HOW TO USE A CONDOM

DISCUSSION OPTION: Distribute "The Facts About Correct Condom Use" handout from CDC. Review the sheet step by step with the participants. (Depending on your group and the number of peer leaders and other team members, you may wish to separate the sexes at this point.)

VIDEO OPTION: If appropriate for your group, you may wish to use the video *Considering Condoms*, available from the National Education Association.[4] This 15-minute video uses a teen discussion format and includes reinforcement of abstinence as the best way to prevent HIV and other STDs, and a condom demonstration. Close the video viewing by distributing and reviewing the condom use handout.

Note: The video recommends using spermicide with a latex condom for HIV prevention during sex. Latex condoms, with or without spermicide, are now recommended for HIV prevention by CDC. Reinforce with the group that when used correctly and consistently, latex condoms are highly effective for preventing HIV infection and other STDs.

Keep the tone light to help establish a comfortable atmosphere.

CONDOM TALK DEMONSTRATION

Explain to participants that they are going to have an opportunity to practice ways to encourage use of condoms during sex.

Distribute the "Condom Talk, Part One" activity sheet.

Tell participants that you and one of the peer leaders/other staff members are going to role-play the people talking—one person resisting the idea to use condoms and the other person encouraging condom use. Ask participants to observe what Person 1 is trying to get across. What does Person 2 say to Person 1 to encourage the use of condoms?

Encourage participants to think about responses in their own words. How would people they know respond to these lines? Are there any responses that don't work for them? How would they change them?

CONDOM TALK ROLE-PLAY

Distribute the "Condom Talk, Part Two" activity sheet.

Have a prevention team member read the lines for Person 1 and a participant volunteer or a small team of participants respond as Person 2 (spontaneous volunteer responses).

Note: The lines are examples of different responses to help people encourage the use of condoms when the other person doesn't want to use a condom. The lines are not meant to be an ongoing dialogue between two people.

DISCUSSION QUESTIONS

1. WHICH RESPONSES SEEMED ESPECIALLY GOOD?

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[4] For information about how to order *Considering Condoms*, call the National Education Association video library at 1 (800) 229-4200.

2. WHICH RESPONSES COULD BE MADE STRONGER?
3. WHAT ARE OTHER EXCUSES PARTNERS MAKE FOR NOT USING CONDOMS?
4. WHAT MIGHT BE GOOD RESPONSES TO THOSE STATEMENTS?
5. IF THEY WERE GOING TO HAVE SEX, WOULD THEY FEEL COMFORTABLE USING THESE LINES TO ENCOURAGE THEIR PARTNER TO USE A CONDOM? TALK ABOUT IT.

MORE TALK ABOUT CONDOMS

Let the group know you will clarify myths and rumors participants may have heard about condoms and their use. Ask participants to identify a few and ask them to respond to the following:

MYTH: SOME PEOPLE SAY THAT CONDOMS ARE TOO SMALL TO FIT ON SOME PENISES.

FACT: *The material that latex condoms are made from stretches to fit a range of penis sizes. Condoms are also available in different sizes.*

MYTH: IT DOESN'T HELP TO WEAR A CONDOM BECAUSE IT BREAKS EASILY.

FACT: *Condoms may break if they are used or handled incorrectly. For example, they may break due to teeth or fingernail tears, use of oil-based lubricants, use of old condoms, and reuse of condoms.*

MYTH: CONDOMS ARE SO THICK THEY SPOIL SEX BECAUSE YOU CAN'T FEEL ANYTHING.

FACT: *Some people say that, but it's important for you to form your own opinion. To give you an idea of the thickness, you can take a condom out of its package and feel it for yourself. Remember, only latex condoms are effective in reducing the risk of HIV infection.*

Now, cover any additional discussion points such as—

- What information about condoms do people their age need and want to know?
- How can young people handle any feelings of embarrassment about buying condoms?
- Where can people get latex condoms?
- Did they know that there is no age requirement for buying condoms?

CLOSURE

To close the activity, ask participants to look at their "The Facts About Correct Condom Use" handout. Remind participants that not having sex is 100 percent effective in preventing the sexual spread of HIV infection and other STDs if always practiced, and that if they do have sex, using a latex condom the right way every time greatly reduces the risk.

Remind participants of the date, time, and location of the next session.

CONDOM TALK, PART ONE ACTIVITY SHEET

Here are examples of what people may say to each other when one person has introduced the idea of using condoms.

PERSON 1: Are you saying I have HIV?

PERSON 2: I care enough about you and me that I want to make sure to protect us both.

PERSON 1: Don't you trust me?

PERSON 2: This has nothing to do with trust; it's about being safe. We're in this thing together.

PERSON 1: Oh, come on, just this once—and then we can start using condoms.

PERSON 2: Protecting ourselves means using a latex condom every time.

PERSON 1: Sex isn't so good with a condom.

PERSON 2: Come on, we can put it on together.

PERSON 1: I don't have any condoms left.

PERSON 2: No glove, no love.

PERSON 1: But we did it without a condom before.

PERSON 2: I have a right to change my mind.

PERSON 1: Everybody does it without a condom.

PERSON 2: I'm not everybody.

Excerpted and adapted with permission from **Reducing the Risk**, 2nd Edition, ETR Associates, Santa Cruz, CA. For further information about this and other related materials, call 1-800-321-4407.

CONDOM TALK, PART TWO ACTIVITY SHEET

What do you think Person 2 can say to Person 1 to encourage the use of condoms during sex?

PERSON 1: Are you saying I have HIV?
PERSON 2:

PERSON 1: Don't you trust me?
PERSON 2:

PERSON 1: Oh, come on, just this once—and then we can start using condoms.
PERSON 2:

PERSON 1: Sex isn't so good with a condom.
PERSON 2:

PERSON 1: I don't have any condoms left.
PERSON 2:

PERSON 1: But we did it without a condom before.
PERSON 2:

PERSON 1: Everybody does it without a condom.
PERSON 2:

Excerpted and adapted with permission from **Reducing the Risk**, 2nd Edition, ETR Associates, Santa Cruz, CA. For further information about this and other related materials, call 1-800-321-4407.

THE FACTS ABOUT CORRECT CONDOM USE HANDOUT

Abstaining from sexual activity is the most effective HIV prevention strategy. However, for individuals who choose to be sexually active, using latex condoms correctly from start to finish with each act of intercourse is highly effective in preventing HIV infection.

To provide maximum protection, condoms must be used consistently and correctly. Consistent use means using a condom from start to finish with each act of intercourse.

CORRECT CONDOM USE SHOULD INCLUDE THE FOLLOWING STEPS:

- Use a new condom for each act of intercourse.
- Put on the condom as soon as erection occurs and before any sexual contact (vaginal, anal, or oral).
- Hold the tip of the condom and unroll it onto the erect penis, leaving space at the tip of the condom, yet ensuring that no air is trapped in the condom's tip.
- Adequate lubrication is important, but use only water-based lubricants, such as glycerine or lubricating jellies (which can be purchased at any pharmacy). Oil-based lubricants, such as petroleum jelly, cold cream, hand lotion, or baby oil, can weaken the condom.
- Withdraw soon after ejaculation, holding the condom firmly to keep it from slipping off.

Source: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention (CDC).

SESSION 6:
WHAT WE WANT OTHERS TO KNOW ABOUT HIV AND AIDS—A GROUP PROJECT

OBJECTIVE:

This will be a culminating experiential group project that will give participants the opportunity to communicate to others what they have learned about HIV and AIDS, including how to prevent the spread of HIV infection and other STDs, through posters, songs, dance, public service announcements (PSAs),TV/radio scripts, or advertisements.

TIME:

Timing will depend upon size of the group and which project they choose.

MATERIALS, RESOURCES NEEDED:

- ✓ Sample rap song, radio public service announcements, advertising techniques background information (see resources at end of Unit II)
- ✓ Newsprint, markers
- ✓ Other materials as needed for the various activity options.

RAP BOX REVIEW

Review questions and comments from the Rap Box.

GROUP PROJECT—BRAINSTORMING/DISCUSSION

Tell participants that as an end to the program, they will have an opportunity to design their own creative message to people their age about preventing the spread of HIV/AIDS.

Explain that there are many creative ways of expressing their ideas and thoughts, and they can choose to do advertisements, rap songs, dance, a video, public service announcements, or use any other medium they would like.

Have participants identify and discuss what message they think other people their age might respond to in order to help prevent the spread of HIV. With the help of a volunteer such as a peer leader, write these ideas on newsprint.

Discuss how they might wish to proceed. Ask them to consider the following and come up with a plan:

- Do they want to do an individual, small-group or large-group project?
- What are the most important messages they want to communicate? (Review the messages to ensure that they are consistent with the Baseline Knowledge Questions.)
- Who will be their audience?
- How much time and effort are they willing to commit to the project?

Before the session concludes, ask participants to commit to the project and organize a schedule to complete it.

Note: If the participants and Club members cannot do a group project, ensure that there is a summary and review of the work that has gone on in the five previous sessions. You may choose to have some type of closing event involving certificates and possibly involving friends and family. Reinforce the importance of participants using what they have learned and sharing the information with others. Remind the group that people with HIV or AIDS need care and compassion.

Arrange the date and time for the presentation of their project.

SUMMARY/CLOSURE

Conclude the session by reviewing the answers to the Baseline Knowledge Questions.

Determine how many participants are interested in additional opportunities for learning more about HIV infection and other STDs.

Suggest having a person living with HIV or AIDS come to talk with the group as a possible follow-up session.

The National Association for People with AIDS (NAPWA) has a speakers bureau. NAPWA can assist with locating speakers throughout the United States. You can reach NAPWA at 1413 K Street, N.W., Seventh Floor, Washington, DC 20005; telephone (202) 898-0414.

APPENDIX A

BASIC FACTS ABOUT HIV AND AIDS

APPENDIX A

BASIC FACTS ABOUT HIV AND AIDS[1]

WHAT IS HIV?

HIV (human immunodeficiency virus) is the virus that causes AIDS. This virus passes from person to person through blood-to-blood and sexual contact. People with HIV have what is called HIV infection; many will eventually develop AIDS as a result of their HIV infection.

WHAT IS AIDS?

AIDS (acquired immunodeficiency syndrome) is a condition that results from HIV infection. This condition is caused by a virus known as HIV (human immunodeficiency virus). By the time people with HIV develop AIDS, their immune systems have become damaged, and they can no longer fight off other infections. These infections may eventually be fatal.

WHAT IS THE IMMUNE SYSTEM? WHAT ARE ANTIBODIES?

The immune system is a collection of cells and substances that acts as the body's defense against anything foreign. When the immune system works as it should, white blood cells patrol the body and attack any organisms that should not be there. Some of these blood cells attack disease agents directly, by engulfing them; other cells make antibodies in response to invading disease agents. Usually, antibodies defend against illnesses and infections, although this is not the case with HIV antibodies. When the immune system is damaged, it protects the body less effectively against illnesses and infections.

WHAT HAPPENS WHEN SOMEBODY GETS HIV, THE VIRUS THAT CAUSES AIDS?

HIV attacks the body's defenses. After entering the body, the virus damages cells that defend against infection (T-cells and other cells). Without these cells, the body's defenses (the immune system) cannot function properly. The virus can also multiply and infect organs throughout the body, disrupting other body systems.

A few weeks after infection, people with HIV often develop symptoms similar to flu or mononucleosis. This period of discomfort may last a week or so. Some people suffer even milder symptoms, such as a great feeling of weakness, loss of appetite, or swollen glands. It is also possible that there may be no symptoms at all and no indication that they have become infected. About 50 percent of people infected with HIV will develop AIDS within 10 years. A person with HIV can infect others without knowing it. You cannot tell by looking at someone whether or not that person has been infected with HIV.

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[1] Much of the information in this appendix came from the American Red Cross *HIV/AIDS Facts Book*, January 1995.

When people are infected with HIV, they have the virus for life and can spread it to others. By the time people with HIV develop AIDS, the virus has damaged their immune systems. Thus they develop diseases that most healthy people can normally resist or control, such as a parasitic pneumonia or various forms of cancer. They may also experience motor and memory difficulties, wasting syndrome (unintentional weight loss and diarrhea), and general weakening of body functions. People die not simply because they have HIV, but because their weakened immune systems allow infections to develop that they cannot fight off. Medical treatments for some infections have improved over the past decade and prolonged the lives of many people with AIDS. However, at the present time there is no cure, nor is there a vaccine for HIV, the virus that causes AIDS.

HOW CAN SOMEONE TELL IF HE OR SHE IS INFECTED WITH HIV?

To find out if someone has HIV (the virus that causes AIDS) a blood test must be done. Simply looking for signs or symptoms will not tell if someone has HIV, because some signs or symptoms may not show up for months or years. Certain blood tests can determine whether someone has antibodies to HIV. Their presence usually indicates HIV infection.

Following infection with HIV, the body may take up to three months to develop antibodies. Consequently, when people are exposed to the virus (or suspect they may have been exposed), they should wait three months (without engaging in risky behavior) before being tested.

HOW IS AIDS SPREAD?

AIDS is caused by a virus (HIV) that spreads through blood-to-blood or sexual contact with someone who has the virus. The principal ways that people become infected with HIV are as follows:

- Through sharing needles or syringes with someone who has the virus.
- Through having sex—vaginal, oral, or anal—with someone who has the virus.
- From an infected mother to her baby during pregnancy or delivery or through breastfeeding.

Before testing began in 1985, some people became infected with HIV through receiving blood transfusions, blood components, or blood clotting factors, or transplants infected with the virus. Such transmissions occur very rarely now.

HOW IS HIV NOT SPREAD?

HIV IS HARD TO GET. The virus does not spread from person to person by casual everyday contact. Nor does it spread through the air or in water.

YOU DO NOT GET HIV THROUGH CASUAL CONTACT. HIV is not spread, for example, by—

- Sitting in someone's chair.
- Drinking out of a water fountain
- Drinking from someone's glass.
- Playing with someone who has HIV.
- Hugging someone who has HIV.
- Getting bitten by a mosquito.
- Using telephones.
- Using toilets or showers.
- Shaking or holding hands.
- Sharing toys or sports equipment.
- Contact with sweat or tears.
- Coughs or sneezes.

HOW DOES NEEDLE-SHARING RELATE TO HIV INFECTION?

Needles and syringes should never be shared. It is very likely that needles used for tattooing or becoming blood brothers and blood sisters will have blood on them after use. In the case of injection drug use, there may be blood in the needle and in the syringe. In any of these cases, if one person is infection with HIV, the subsequent sharing of needles or syringes contaminated with blood could result in HIV infection for another person.

HOW DOES SEX RELATE TO HIV INFECTION?

HIV can be spread through having sex—vaginal, oral, or anal—with someone who has the virus. Blood, semen, and vaginal fluid from an infected person may contain the virus, and can enter the body of a sexual partner through mucous membranes or tiny cuts or tears in the mouth, vagina, or rectum. Using latex condoms correctly and consistently from beginning to end for every act of sexual intercourse greatly reduces the risk of HIV infection and other STDs.

To be clear about transmission, the focus must be on these particular sexual acts and not the sexual orientation of the people involved. The specific acts allow for the possibility of transmission, regardless of sexual preference. In talking about the relationship between homosexuality and the HIV/AIDS epidemic, remember that in many other countries, HIV is transmitted mainly heterosexually.

CAN A WOMAN WITH HIV INFECT HER BABY?

A woman who is infected with HIV, the virus that causes AIDS, may spread it to her child, either during the pregnancy or while giving birth. The virus is not spread in all cases. Investigators have estimated that only 25 percent of children born to HIV-infected mothers are HIV-infected too.

The virus can be spread during pregnancy because parts of the mother's blood are passed through the placenta to the baby, and HIV can be spread in the same manner. Infection could take place during the birth process because here also there is exposure to blood. In 1994, researchers discovered that the drug AZT given both to HIV-infected pregnant women and to their babies after birth reduced the rate of transmission from mother to baby about 8%.

Also, breast milk of an HIV-infected mother can infect her infant.

IS THE BLOOD SUPPLY SAFE?

The risk of being infected with HIV from a blood transfusion is very low. Since 1983, the Red Cross and other blood banks have interviewed donors, and since 1985 they have screened all donated blood for antibodies to HIV. The risk of receiving an HIV-infected transfusion is now estimated to be one in 42,000 units of blood.

CAN I GET AIDS FROM GIVING BLOOD?

No. AIDS is a result of infection caused by a virus (HIV). People can't get HIV by giving blood. In the United States, all equipment used to take blood is brand new and sterile. Needles are discarded after blood is drawn.

HOW DOES HIV AFFECT CHILDREN?

HIV infection does not commonly affect children. Most children who become infected do so from their mother during pregnancy or childbirth. However, children may do things that expose themselves to blood. Children may take part in activities such as becoming blood brothers, ear piercing, or tattooing. They must be cautioned not to share needles for any reason.

WHAT IF A CHILD IS BITTEN BY A CHILD WITH HIV?

It is highly unlikely that a child would become infected with HIV if bitten by an HIV-infected child. While there is a theoretical possibility that HIV could be spread by saliva, research suggests that it is highly unlikely. In addition, saliva contains chemicals that have destroyed HIV in laboratory studies. There is no documented case of anyone in the United States becoming infected from an HIV-infected child's bite or through saliva.

HOW DO PEOPLE PREVENT HIV INFECTION?

Not having sex, not sharing needles of any type, and avoiding alcohol and other drugs are the most effective ways to prevent HIV infection. For people who have sex, using a latex condom the right way every time is very effective in preventing the spread of HIV. For people who use needles or syringes, using a new sterile needle and syringe every time can prevent HIV infection. Not using alcohol and other drugs helps prevent HIV infection because when people use alcohol and other drugs they may do things that could cause them to become infected with HIV.

WHAT ARE THE BENEFITS OF POSTPONING SEX?

Sexual intercourse can result in pregnancy, which young people often are not ready to handle. It can also result in contracting sexually transmitted diseases (STDs), one of which is HIV infection. For these reasons, it is often recommended that sexual intercourse be limited to a long-term, monogamous relationship.

Reasons for helping young people postpone sexual involvement include the following:

- Many young people are not yet able to understand the full implications of their actions or handle all the consequences.
- Although young people might know about the importance of using condoms, they often don't use them. Young men may consider it not "macho" to use a condom. Young girls are doubly vulnerable, since in order to protect themselves they must convince a partner to use a condom.
- Many young people are internally or externally pressured to engage in behavior they really don't want to engage in, but lack the skills needed to resist these pressures.

The postponement approach to sexual involvement can provide young people with appropriate limits, social options, and skills to make choices about sex to prevent HIV infection.

HOW CAN PEOPLE WHO HAVE SEX REDUCE THEIR RISK OF HIV INFECTION?

Latex condoms help protect people from the transmission of HIV and other germs. Used correctly and consistently, latex condoms can greatly reduce the risk of HIV infection during sex. Condoms are not 100 percent effective, however, usually because people use them improperly. For condoms to be effective, the users must store condoms in a cool dry place out of the sun, examine each condom for defects before using it, use a new condom for every act of sex, put on the condom making sure that it is completely unrolled before any genital contact, use enough water-based lubricant (oil-based lubricants such as cooking oil, shortening, or petroleum jelly can cause condoms to weaken), leave enough space at the tip to collect the semen, and hold the base of the condom tightly against the penis while withdrawing (while the penis is still erect). Latex condoms should be used every time a person has sex, from start to finish.

HOW DOES HIV RELATE TO OTHER SEXUALLY TRANSMITTED DISEASES?

With all the anxiety about HIV infection, it is important to note that latex condoms also protect against a number of other STDs, such as syphilis. Many STDs are still much more common than HIV infection. They can cause sterility, damage unborn children, and lead to other complications if untreated. The presence of genital sores makes it easier for HIV to enter the body. Unlike HIV infection, most other sexually transmitted diseases can be treated, if not cured.

ARE DRUGS AVAILABLE FOR AIDS?

At present there is no cure for AIDS, and there is no vaccine to prevent people from becoming infected with HIV. New drugs to deal with HIV infection take two different forms:

- Drugs to treat the infections people with AIDS get. These are steadily improving and making a dramatic difference in both life expectancy and the quality of life for people with AIDS.
- Drugs that slow down the replication of HIV in the body. There are several such drugs currently being used, the best known of which is AZT or Zidovudine. Some of these medicines have allowed people with HIV to look and feel healthy for many years.

WHAT IS THE FUTURE OF AIDS?

The short-term future of AIDS is relatively easy to predict. The U.S. Centers for Disease Control and Prevention (CDC) is counting numbers of individuals who are already infected with HIV and who will develop AIDS.

- As of 1995, CDC estimates that more than one million Americans are now infected with HIV. That means 1 out of every 250 people.
- Every 15 minutes someone dies of AIDS in the United States. Every 9 minutes someone is diagnosed with AIDS. Every 13 minutes someone is infected with HIV.
- As of December 1994, the total number of AIDS cases reported to CDC in the United States was 441,528. HIV/AIDS is the leading cause of death of people in the United States ages 25-44. Given the long period between HIV infection and AIDS diagnosis, it is clear that large numbers of people became infected with HIV as teenagers.

For current statistics, call (800) 342-AIDS (CDC National AIDS Hotline), (800) 344-7432 (Spanish), (800) 243-7889 (TTY/TDD), (800) 458-5231 (CDC National AIDS Clearinghouse), or (404) 332-4570 (CDC Voice/Fax Information Service).

THE LONG-TERM FUTURE DEPENDS UPON TWO THINGS: BEHAVIOR CHANGE AND NEW DRUGS AND TREATMENTS.

APPENDIX B

BOYS & GIRLS CLUBS OF AMERICA ADMINISTRATIVE AND POLICY CONSIDERATIONS

APPENDIX B

BOYS & GIRLS CLUBS OF AMERICA ADMINISTRATIVE AND POLICY CONSIDERATIONS

REGARDING MEMBERS & EMPLOYEES

The following information is meant to serve as guidelines for Club administrators and boards in considering the legal and medical concerns surrounding HIV infection/AIDS. Any HIV infection/AIDS policy statement should be consistent with the federal, state, and local legal requirements and existing Club statements related to health issues.

Formulating a policy on HIV infection/AIDS requires review of legal and medical concerns related to both employees and Club members. Consultation with the Club's attorney, physician(s), local public health officials, and insurance carriers is essential.

I. ISSUES RELATED TO EMPLOYEES

The following legal and medical issues should be considered:

1. LEGAL CONCERNS

Any HIV infection/AIDS policy needs to be in compliance with local ordinances and state and federal laws. Current legal opinion suggests that HIV infection/AIDS is considered a handicap. Employees who have or are believed to have HIV infection are protected under the Rehabilitation Act.

The Federal Rehabilitation Act of 1973 protects handicapped persons from discrimination based on their conditions. A handicapped person is defined as "any person who has a physical or mental impairment which substantially limits one or more of such person's life activities." Clinically defined AIDS and HIV infection can, therefore, be considered a handicap. An HIV antibody test, even when conducted as part of a medical examination given to all employees or applicants, may not be used to screen out candidates who are otherwise qualified for the job. Not only may an employer not conduct a pre-employment examination aimed at discovering an applicant's condition, but that employer may also run a serious risk of violating the Rehabilitation Act. Since HIV infection/AIDS is considered noncommunicable in the workplace, the HIV test is not considered job-related.

The Rehabilitation Act also requires employers to make "reasonable accommodation" to the known limitations of the employee — including making facilities accessible and job restructuring. As a practical matter, however, an individual who tests positive for HIV, yet has no symptoms of the disease, will require little or no accommodation. It is illegal to test employees if the test is used to discriminate in the absence of medical evidence that their condition poses a health threat to others in the workplace.

Refusal to work with a person with HIV infection/AIDS may be claimed to be protected under the National Labor Relations Act. However, because there is no medical evidence of any danger to co-workers, employees who refuse to work with a person with HIV infection/AIDS may put their own employment in jeopardy.

2. MEDICAL CONCERNS

According to the medical experts at the U.S. Centers for Disease Control and Prevention (CDC), there is no known risk of transmission of the HIV virus through casual contact in the workplace.

Employees with a life-threatening illness, such as HIV infection/AIDS, may wish to continue to work as long as they are physically able.

When employees with HIV infection/AIDS are able to meet acceptable performance standards, and medical evidence indicates that their condition is not a threat to others, they should be treated consistent with the treatment of others with other life-threatening illnesses (e.g., cancer). At the same time, however, each Club has an obligation to provide a safe work environment for all employees.

Employees may need to seek medical treatment and may benefit from counseling, perhaps in established support groups.

An employee's health status and records are personal and confidential.

II. ISSUES RELATED TO CLUB MEMBERS

The following **Boys & Girls Clubs of America Recommendations Regarding Participation of Children with Health Problems in Clubs** offer support and encouragement to those who have the need to address the issue of HIV infection/AIDS among Club members.

With escalating numbers of older teens and young adults who are HIV-infected or who have developed AIDS, these recommendations provide timely guidelines for Clubs. Obviously, the first concern for all involved is whether a child's participation in a Club's activities presents a risk to the child or to the other members of the Club. Each particular health problem — whether asthma, hemophilia, heart disease, or AIDS — needs to be handled on an individual basis.

RECOMMENDATIONS REGARDING PARTICIPATION OF CHILDREN WITH HEALTH PROBLEMS IN THE BOYS & GIRLS CLUB PROGRAM

Boys & Girls Clubs of America's Board Committee on Health Promotion suggests that the following recommendations be considered by all Boys & Girls Clubs and implemented under the direction of a local Board Committee. It is recommended that the local Board

Committee be chaired by a health professional who is closely associated with community public health officials. The committee should be informed of and comply with any federal, state, or local regulations and consider existing local policies governing the welfare of children.

1. Each Club should appoint a Child Study Team to evaluate individual children with known or suspected health problems whose participation in the Boys & Girls Club may represent a health risk to the child or to the other members of the Club. Such health problems might include, but are not limited to, epilepsy, asthma, congenital heart defects, HIV infection/AIDS, hemophilia, hepatitis, etc. It is recommended that the Child Study Team include a pediatrician, a social worker or psychologist, an attorney knowledgeable about children's issues, a public health official, and a staff member from the Club. As individual cases are considered, the child's regular health care provider and his or her parent or guardian should meet with the Child Study Team.
2. As part of the membership intake process, the Club should obtain a comprehensive health history for each member and annual updates regarding his or her overall health status (*The Body Works*, available through Supply Service, provides a sample health history form and suggests a process for obtaining health histories).
3. Each Club should have a physician who serves as a medical adviser to the Club. Each health history update should be reviewed by this medical adviser and/or a small group of physicians or other qualified professionals from the medical community.
4. Based on information from a health history, health examination, or other health information brought to the attention of the Club, any child thought to be a health risk to him/herself or others in the Club should be more thoroughly evaluated by the Child Study Team.

   To maintain a healthy and safe environment, this team should make recommendations to the executive director regarding the child's participation in the Club program. Such recommendations must be medically sound and based on the latest available medical information. In each case, risk and benefits to the child and to others in the setting should be weighed. The team should make recommendations regarding:

   - Whether or not the child can safely participate in the Club program.
   - Whether staff training is needed to deal with emergency and/or prevention measures.
   - Whether steps should be taken which ensure confidentiality and protect the rights of the child.
5. The Child Study Team should meet periodically to reevaluate the child's health status and to determine whether any changes should be made regarding his or her involvement in Club activities.

APPENDIX C

SAMPLE LETTER FOR PARENT/GUARDIAN PERMISSION

PARENT/GUARDIAN PERMISSION RELEASE

Note to Facilitator:

Attached is a sample of a parent/guardian permission release for participation in **Act SMART**. You will need to copy and attach the Unit Introduction and the "Unit and Activities at a Glance" page of the specific Unit the child will be attending.

It is recommended that you provide an orientation for parents and guardians which will allow for questions and answers. Refer to Involving Parents on pages vii–viii of the Introduction.

Please feel free to make any changes that might better reflect the population in your community.

PARENT/GUARDIAN PERMISSION RELEASE

PARTICIPANT'S NAME: ______________________________

PARTICIPANT'S AGE: ______________________________

ADDRESS: ______________________________

CLUB CARD NO. (IF BOYS & GIRLS CLUB MEMBER): ______________

My child has permission to participate in Unit ____ of the **Act SMART** program. I have read the attached description of the program and the specific Unit my child will participate in. The program will take place on ___________ (day) from ___________ (time) to ___________ (time).

I understand that this HIV/AIDS prevention program was developed by Boys & Girls Clubs of America and the American Red Cross. The purpose of the program is to increase participants' knowledge about the transmission and prevention of HIV/AIDS, help them examine choices related to health, help them develop the skills needed to practice and maintain HIV/AIDS prevention behaviors, and increase their comfort when playing/going to school/working/living with people infected with HIV.

If I need to be reached by phone for any reason, please call ____________________.

Signature of Parent or Legal Guardian______________________________

Date ____________________

encl:

Unit Introduction

Unit and Activities at a Glance

APPENDIX D

GLOSSARY

APPENDIX D

GLOSSARY

ABSTINENCE. Refraining from, or not doing, something. As relates to drugs, not using drugs. As relates to sex, not having sexual intercourse; in **Act SMART** the term "postponing sex" is used. (See "postponing sex.")

ABUSE. Use something wrongly or improperly; misuse; overdo.

AIDS (ACQUIRED IMMUNODEFICIENCY SYNDROME). A result of human immunodeficiency virus (HIV) infection that makes the immune system less able to fight infection.

ANTIBODY. A substance in the blood that forms when disease agents such as viruses, bacteria, fungi, and parasites invade the body. Although antibodies usually defend the body against invading disease agents, the HIV antibody gives no such protection.

ASYMPTOMATIC. No outward sign of illness or infection.

BISEXUAL. Being sexually attracted to people of the opposite and the same sex (male/male; female/female; male/female).

CONDOM (OR RUBBER). A sheath made of latex, polyurethane, or lamb intestine that fits over the erect penis. When used correctly and consistently, latex condoms have been shown to prevent the exchange of semen, HIV, and other viruses or bacteria that cause sexually transmitted diseases.

GENITALS. The sexual organs: vagina or penis.

GERM. A disease agent—a virus, bacterium, fungus, or parasite that carries infection.

HEALTHY. Having a good condition of body and mind; being free of sickness.

HEALTHY RISK. A risk that is worth taking. It will enhance one's life in some way. It will not cause injury, harm, or illness.

HETEROSEXUAL. Being sexually attracted to people of the opposite sex (male/female).

HIV (HUMAN IMMUNODEFICIENCY VIRUS). The virus that causes AIDS. HIV weakens several body systems and destroys the body's immune system, making it easier for life-threatening, opportunistic infections or cancers to invade the body.

HOMOSEXUAL. Being sexually attracted to people of the same sex (male/male; female/female).

IMMUNE SYSTEM. A variety of cells and substances within the body that help it resist disease agents such as viruses, bacteria, parasites, and fungi.

INFECTION. Invasion of the body by a disease agent.

INJECTION DRUG USE. Use of a needle and syringe to inject drugs into body tissue.

MONOGAMOUS. Faithful to a mate or spouse by having no other sexual partners.

NEGATIVE TEST RESULTS. Used here to mean findings of a test that detects no signs of antibodies to HIV; a negative test result can mean that someone is not infected but also can mean that the person was too recently infected to have detectable antibodies.

OPPORTUNISTIC INFECTIONS. A variety of infections that occur in people whose immune systems are not fully functional.

ORAL SEX (ORAL INTERCOURSE). Contact of the mouth or tongue with a partner's penis, vagina, or anus during sexual activity.

***PNEUMOCYSTIS CARINII* PNEUMONIA.** A form of pneumonia caused by a parasite that rarely affects people with fully functioning immune systems; the most common opportunistic infection in people with AIDS.

POSITIVE TEST RESULTS. Used here to mean findings that show the presence of HIV antibodies; the person tested is assumed to be infected with HIV and able to infect others.

POSTPONING SEX. Deciding not to have sex for a period of time.

PREVENT. To keep from happening.

RISK. A chance.

SAFE SEX. Sexual practices that involve no exchange of blood, semen, or vaginal fluid.

SEMEN. Whitish fluid ejaculated from the penis during orgasm that contains sperm, white blood cells, and fluids.

SEXUAL INTERCOURSE (ALSO SEX). Used here to mean genital contact between individuals; contact with vagina, penis, or anus.

SEXUALLY TRANSMITTED DISEASE (STD). A disease that is spread during sex, through genital contact between people; for example, gonorrhea, syphilis, herpes, HIV.

SYMPTOM. An indication of a disease.

TRANSFUSION (BLOOD). The transfer of one person's blood to another person.

TRANSMIT. To spread something, such as a germ or virus, from one person to another.

UNHEALTHY RISK. An act or action that can harm a person's health.

VAGINAL FLUID. Fluid produced by the female genitals that provides moistness and lubrication in the vagina; vaginal fluid of an HIV-infected woman may contain HIV.

VIRUS. A disease agent that must live within the cells of the body, often destroying these cells; much smaller than bacteria.

WHITE BLOOD CELL. A type of blood cell whose primary function is to fight infection.

WORKS. A slang term used to describe needles, syringes, and other equipment used to "cook" or prepare and shoot (inject) street drugs.

APPENDIX E

RESOURCES ON SEXUALLY TRANSMITTED DISEASES

APPENDIX E

FOR MORE INFORMATION

The Centers for Disease Control and Prevention (CDC) operate two phone lines that provide information on sexually transmitted diseases:

CDC NATIONAL STD HOTLINE

1-800-227-8922

CDC NATIONAL AIDS CLEARINGHOUSE

1-800-458-5231

What are some common sexually transmitted diseases?

DETAILED: The following are some common sexually transmitted diseases (STDs):

Syphilis

Women: May at first have a painless sore around or inside the vagina, anus, or mouth (primary syphilis); later, may have a rash elsewhere (secondary syphilis).

Men: May at first have a painless sore on or around the penis, anus, or mouth (primary); later, may have a rash elsewhere (secondary).

Gonorrhea

Women: May have no symptoms; may have vaginal discharge, painful urination, spotting of blood after sex, lower abdominal pain.

Men: May have discharge from the penis or painful urination.

Chlamydia

Women: Same symptoms as for gonorrhea.

Men: Same symptoms as for gonorrhea.

Chancroid

Women: May have no symptoms; may have painful open sores at the opening to the vagina or around the anus, pain when urinating or making a bowel movement, pain during sex, bleeding from the rectum, or a vaginal discharge.

Men: May have painful open sores on the penis or around the anus, swelling in the groin, pain when urinating or making a bowel movement, or bleeding from the rectum.

Genital warts

Women: May have warts inside or outside the vagina, anus, or mouth. Warts may appear as bumps or may be flat and hard to see; they may be smooth or rough and appear alone or in groups. Warts may sometimes itch, bleed, or become irritated. (If warts grow in the cervix, a woman may have no symptoms.)

Men: May have warts on the tip or shaft of the penis, or around the anus or the mouth. Warts may appear as bumps or may be flat and hard to see; they may be smooth or rough and appear alone or in groups. Warts may sometimes itch, bleed, or become irritated.

➡

BASIC: Some common sexually transmitted diseases (STDs) are syphilis, gonorrhea, chlamydia, chancroid, genital warts, herpes, and trichomoniasis. Signs and symptoms for the same STD may be different for women and men. For some STDs, people may show no symptoms.

People can prevent STDs—including HIV infection—by not having sex or by using latex condoms every time they do have sex.

Reprinted from the American Red Cross *HIV/AIDS Facts Book*, January 1995.

—continued from previous page

Herpes

Women: May have no symptoms; may have small, painful, blister-like sores in and around vagina or anus, or on thighs; may have painful urination, vaginal discharge, headache, backache, or fever.

Men: May have small, painful, blister-like sores on the penis, anus, or thighs; may have discharge from penis, painful urination, headache, backache, or fever.

Half of those with herpes have more than one outbreak. After the first outbreak, subsequent outbreaks may involve fewer and smaller sores and may not include headache, backache, or fever.

Trichomoniasis

Women: May have frothy, smelly, green or yellow discharge from the vagina, pain when urinating, or pain during sex.

Men: Usually have no symptoms but may have discharge from the penis, pain when urinating, or itching.

Hepatitis B infection is also recognized as an STD. However, unlike the STDs listed above, hepatitis B infection does not show itself primarily in the genital area.

Because some STDs are harder to spot in women than in men, health care providers may ask female patients if male sex partners have any discharge from their penises or sores around their penises. Left untreated, some STDs can lead to serious complications.

People can prevent STDs—including HIV infection—by not having sex or by using latex condoms every time they do have sex.

Sources: Johns Hopkins School of Public Health. Center for Communication Programs. Population Information Program. *Population Reports,* June 1993; series L, no. 9 (and supplement). "Controlling Sexually Transmitted Diseases."

Centers for Disease Control and Prevention. Center for Prevention Services. Division of STD/HIV Prevention. "Genital Warts." Fact sheet in series on sexually transmitted diseases. No date.

Notes:

Reprinted from the American Red Cross *HIV/AIDS Facts Book,* January 1995.

Why are sexually transmitted diseases associated with getting AIDS?

DETAILED: In the United States, 12 million people develop a sexually transmitted disease (STD) every year. About 3 million are teenagers. People who have had STDs are at greater risk of getting HIV (the virus that causes AIDS) than are those who have never had one of these diseases. Several reasons account for this. For example, sexually transmitted diseases such as syphilis and chancroid cause sores or breaks in the skin or mucous membranes. If these sores are located around the genitals, they may increase the risk of HIV infection during sex by allowing the virus to enter the body and cause infection. Although they do not cause breaks in the skin, other STDs with discharges (such as gonorrhea and chlamydia) produce inflammation that may increase risk of HIV infection during sex.

People who contract an STD are probably not using condoms. When people do not use condoms, they may also risk becoming infected with HIV. Consistent and correct use of a latex condom during sex, from start to finish, greatly reduces the risk of HIV transmission during sex.

BASIC: AIDS is a result of HIV infection. Sexually transmitted diseases (STDs) that cause genital sores may make it easier for HIV to enter the body and cause infection. Other STDs produce inflammation, which may increase the chances of infection too. Using a latex condom during sex greatly reduces the risk of HIV infection as well as other STDs.

Sources: Centers for Disease Control and Prevention. Division of STD/HIV Prevention. *Annual Report*. 1993.
U.S. Department of Health and Human Services. *Surgeon General's Report to the American Public on HIV Infection and AIDS*. June 1993.
DeVita, V., Jr. et al., eds. *AIDS: Etiology, Diagnosis, Treatment, and Prevention*. Third edition, 1992.
Mann, J. et al. *AIDS in the World*. 1992.

Notes:

Reprinted from the American Red Cross *HIV/AIDS Facts Book*, January 1995.

APPENDIX F

CAMP ITSAMONGUS

Camp Itsamongus was developed by the American Red Cross Knox County Chapter.

APPENDIX F

CAMP ITSAMONGUS

CAMP ITSAMONGUS, SCENE 1

Long shot of school bus bumping down a country road. Zoom into bus windows. Dissolve to shot of William and Ralph sitting next to one another. In the back of the bus we see William looking at a jar he is holding as we begin.

WIL: Come on, Harold, jump!

RAL: Ahh, excuse me...

WIL: Why? What'd you do?

RAL: No, no. I mean I don't mean to interrupt.

WIL: Oh, it's O.K.

RAL: Well, my name's Ralph.

WIL: Hi, Ralphy. I'm William.

RAL: Nice to meet you, William; ahh, what exactly do you have there?

WIL: This is Harold. He's a cricket.

RAL: He's dead.

WIL: He's resting.

RAL: He's been resting since we got on the bus.

WIL: Yeah, well, he's very tired.

RAL: You don't know very much about living things, do you?

WIL: Hey, I know plenty of stuff about living things. You could ask my science teacher... As soon as she's feeling better.

RAL: Feeling better?

WIL: It wasn't my fault.

RAL looks out the window.

RAL: Hey! We're almost there.

WIL looks out the window.

WIL: Where?

RAL: Camp Itsamongus.

WIL is not very excited.

WIL: Oh, that.

RAL: What do you mean "Oh, that?" This is going to be great.

WIL: Yeah.

RAL: It will! There'll be swimming and hiking and fishing...

WIL: And AIDS...

RAL: And AIDS... What!!!!

WIL: You don't know, do you?

RAL: Know what?

WIL: I heard my mom talking on the phone before she put me on this bus to Bozo Land. She was telling this friend of hers that some one at this camp has the AIDS virus right inside them.

RAL is not very impressed.

RAL: Yeah?

WIL: Yeah? Yeah? Is that all you can say? I mean, don't you know what this means?

RAL: Just what does it mean, William?

WIL: It means we could all get it.

RAL: Are you sure?

WIL: Sure I'm sure. I know all about this stuff. I got it straight from my Uncle Carl.

RAL: Is he a doctor?

WIL: He's better than a doctor, he's a plumber. He knows a lot of the same stuff as a doctor, the pay's the same, and he gets his weekends off.

RAL: Smart guy.

WIL: You can say that again. Look, I've got a plan to save the whole camp.

RAL: From what?

WIL: From this guy that's got the AIDS.

RAL: Well, you know, I've done some reading on this subject, and I don't think...

WIL: Good. Thinking will only get in the way of my plan.

RAL: I bet it will.

WIL: See, my plan is to find out just who this character is and blow the whistle on him before the whole camp comes down with the stuff.

As RAL speaks, WIL disappears below the seats. When he returns, he is wearing a houndstooth "Sherlock Holmes"-type hat and holding a magnifying glass.

RAL: Yeah, but from what I've read about AIDS, there really isn't much chance that we're in any real danger from...

WIL: Of course there'll be danger! There's always danger when you're doing detective work.

RAL: Hey! Where'd you get that stuff?

WIL: It's part of my "Wonder Why" detective kit. I carry it with me everywhere.

RAL looks down at the floor.

RAL: Gee, there's a lot of stuff in that kit.

WIL: Yeah. I'll probably need all of it on this case. Hey! I'll need an assistant to crack a case this big. How about you? Are you with me?

RAL: Oh, I don't think...

WIL: Hey! That's perfect. I don't think much either. We'll make a great team. What do you say?

RAL: Well...I guess.

WIL: I'll do all the guess work. You just carry the kit around.

RAL: This is going to be a very long summer.

WIL is looking through his magnifying glass.

WIL: You can say that again.

WIL pans the glass to RAL as he speaks.

WIL: Ahhhhhh!!!!!! This thing really works.

Transition to Camp Itsamongus — Main Lodge.

Camp Itsamongus, Scene 2

Shot over the heads of the kid campers of Camp Itsamongus. Head counselor Bob Thoreau is about to address the new group of campers.

BOB: All right, all right. Let's all take a seat. I have a few important things to say to get you started on the right foot here at Camp Itsamongus.

All right, let's have the ball up here.
Thanks for your cooperation, campers. Let me introduce myself. I'm your Head Counselor, Bob Thoreau. It's my job to see that everyone here has a great summer. And I'm sure we all will have a great summer if we all follow a few Camp Itsamongus rules. Now, rule number one...

Shot of William and Ralph in their seats at the back of the crowd. WIL is wearing a pair of large heavy rubber gloves.

RAL: What are you wearing?

WIL: Special protective space guy gloves.

RAL: They look like the kind my mom wears to wash the floors.

WIL: Yeah, they use them for that, too.

RAL: What are they for?

WIL: Well, they protect me from getting AIDS.

RAL: They do?

WIL: Sure. See, I don't know who this AIDS guy is yet. So, in case I touch this person accidentally while I'm trying to find out who he is, these gloves will protect me.

RAL produces a pamphlet from out of the shot.

RAL: William, you can't get AIDS from just touching someone who has it.

WIL: Hah! What do you know about it?

RAL: I told you on the bus. I've been doing some reading about AIDS. My mom gave me these little booklets to read and it says right in here that the AIDS virus cannot go from one person to another just by touching.

WIL looks at the pamphlet.

WIL: Let me see that. *(Mumbles as he reads.)* ...cannot get the AIDS virus just by touching someone who has the disease... Is this true?

RAL: It is, William.

WIL: So I guess I won't need these.

RAL: I don't think so, William.

WIL: That's O.K. 'cause without them my super sensitive detective hands are free to find clues about this creepy camper in our midst.

WIL disappears below the seats.

RAL: Why don't you relax and have some fun?

WIL reappears, then goes below the seats again.

WIL: What could be more fun than finding clues and saving Camp Itsamongus from AIDS? Hey, I think I found something.

RAL: A clue?

WIL reappears with a stringy mess on one hand.

WIL: No. Gum.

RAL: Oh, gross.

WIL: Should have left the gloves on.

Shot of counselor BOB at the front of the room.

BOB: But let's remember the most important Camp Itsamongus rule: Be kind to one another. As my brother Dave always said, "A kind person I like to call my kind of person."

From off cam we hear:

OFF: Who's Dave? When's lunch?

BOB: All right, when I blow my whistle, put your gear in your cabins and meet in the dining hall. Lunch is served in half an hour.

In the foreground, we see heads rushing past BOB and out of the room. The sound of chairs being knocked over, etc.

BOB: *(BOB gives the whistle a feeble tweet.)* Dismissed.

Transition to lunchroom scene.

CAMP ITSAMONGUS, SCENE 3

Cafeteria noises in the background. As the scene opens, Ralph enters and sits at a picnic-type table complete with checkered oil table cloth. William is already at the table. His tray is on top but he is fooling around under the table top.

RAL: William. *(Louder.)* William.

William bumps his head on the table, greets Ralph and goes back under the table.

WIL: Ahhh!!! Oh, hi, Ralphy.

RAL: What are you doing under there?

WIL: Saving our lives.

RAL: You're not looking for gum again, are you?

WIL comes up.

WIL: Boy, are you gross. No, I'm not looking for gum. I'm getting ready to hook up my lunch tray sterilizer.

RAL: Your what?

WIL: I rigged up this gizmo that sterilizes your lunch tray and everything on it.

RAL: And why would you I want to do that?

WIL: So you don't get AIDS.

RAL: Oh, no. Not again.

WIL: Look, every time we come in here we get a different tray, right?

RAL: So?

WIL: So, how do we know who had this tray last? We don't know, do we?

RAL: So?

WIL: So, it could be the last guy to eat off this tray was the guy who has the AIDS virus.

RAL: Oh, boy.

WIL brings up two electrodes like the ones on battery jumper cables.

WIL: But with my battery-powered electric tray sterilizer we don't have to worry.

RAL: William, you can't get the AIDS virus by eating or drinking after someone who has it. Especially not after the trays have been washed and everything.

WIL: I suppose you read that in the booklet your mom gave you.

RAL: As a matter of fact, I did.

WIL: Well, you can't believe everything you read, you know. Besides, don't you want to see this baby in operation?

RAL: Just how does this thing work?

RAL looks at the cam.

RAL: He asked, knowing someone was about to be seriously injured.

WIL clips the electrodes to his tray.

WIL: You just hook these up to the tray and turn on the juice down here.

WIL indicates below the table. RAL looks down and is concerned.

RAL: Hey! There's three car batteries down there!

WIL: Well, yeah. You want your tray to be really clean, don't you?

RAL: This doesn't look safe to me.

WIL: Yeah, well, things don't always look the way they usually are.

RAL: What?

WIL: Here I'll turn it on and show you.

WIL reaches below the table and flips the switch. Flashpot. The tray flies up out of the shot and bits of food trickle down on William — his glasses are askew and he is scorched.

RAL: William, are you all right?

WIL: I think I was scorched by a corn dog.

RAL: I told you this was dangerous. And it's silly because you can't...

WIL: I know. You can't get AIDS by eating or drinking after a person who has AIDS, especially if the stuff is all washed, and like that.

RAL: It's in the booklet. Now come on, let's get you some more food.

WIL: O.K. Hey! Where's my tray?

Tray falls out of top of shot and bonks William on the head.

WIL: Oh, there it is now.

He falls out of shot. Crash box rolls. Transition to beach scene.

CAMP ITSAMONGUS, SCENE 4

Bee buzzing SFX.

Shot of Ralph sitting on his little beach towel. Beach stuff is scattered here and there. Ralph is swatting at a bee when, in the foreground, we see "LEGS" walk into the shot. They are wrapped in what appear to be garbage bags stuck together with duct tape. When Ralph sees the figure before him, he is alarmed.

RAL: Stupid bee. Get away. Go on, shoo, bee...

Ahhhhhh!!!!!!! It's a monster! I'm going to die!

Shot of William waist up. He is wearing a kind of space suit made of garbage bags and a scuba mask.

WIL: It's me. It's me!!!

RAL: William?

WIL: Yeah. Boy, is it hot in here.

Shot of RAL as WIL sits down next to him.

RAL: What have you got on?

WIL: Special protective equipment.

RAL: William, we're supposed to be having fun at the beach. You look miserable in that thing.

WIL: Yeah, well, I might look miserable, but I'm safe from the AIDS virus in here.

RAL: What is it now?

WIL: Well, you don't think I'm going to go swimming in the same lake with the person who has the AIDS virus, do you?

RAL: Oh, no.

WIL: See, as long as I wear this protective suit, which is just like the ones the astronauts wear...

RAL: Looks like you made it out of garbage bags.

WIL: Well, astronauts use garbage bags, too.

RAL: To put their garbage in.

WIL: See, I was right. Anyway, as long as I'm wearing this suit, the AIDS virus can't get to me even if I go in the lake.

RAL: William, the AIDS virus is not a very strong thing.

WIL: Well, it'll never get through this suit, I'll tell you that.

RAL: No, I mean it doesn't live very long outside the human body, and it sure doesn't last long in a lake full of water.

WIL: You mean...

RAL: You can't get AIDS by swimming in a pool or a lake with a person who has the virus.

WIL: The little book again?

RAL: You ought to take a look at it, William. You might learn something.

WIL: Well, maybe I will after I get this suit off. Gimme a hand, will ya?

Bee buzzing SFX (muffled).

RAL: There's that bee again.

WIL: Where?

RAL: What are you so scared of? It's just a little honey bee.

WIL: Oh, yeah, Mr. So Smart He Thinks He Knows Everything. Well, you could get the AIDS virus from it.

RAL: What!!??

WIL: Like if the little honey bee stings a guy with the AIDS virus and then it stings you, you could get the AIDS virus.

RAL: No, you can't.

WIL: You can't?

RAL: No.

WIL: But you could from mosquitoes when they bite you 'cause they take out blood and there's...

RAL: You can't get AIDS from a mosquito bite either.

WIL: I know.

RAL/WIL: It's in the little booklet.

RAL: It is, William.

RAL: There he is again.

WIL: No problem. Just a little honey bee. Nothing to be afraid of. Where is he? You point him out and I'll swat him.

RAL: I don't know. I can hear him, but I can't see him anywhere.

Bee SFX (muffled).

RAL is looking around.

WIL: Ralph.

RAL: Yeah.

WIL: I found the bee.

RAL: Great. Tell me where he is and I'll swat him.

WIL: He's in the suit with me. AHHHHHH!! OOOOO!!! Oh, my, tiny bites. Down, bee, sit! Make honey, aaaahhhh!!!!!

As William rants, he leaves the scene. RAL takes to the cam. WIL runs by yelling as we make the transition to the bunk house.

CAMP ITSAMONGUS, SCENE 5

As the scene opens, we see Ralph in the bunk house. He is lying down, covered up, on the bottom bunk. The bunk house is dimly lit. It is night.

RAL: Boy, we sure are having fun here at good old Camp Itsamongus, aren't we, William? William? *(In a loud whisper)* William!!!

William hangs his head over the edge of the top bunk. He is hanging upside down and he is wearing a kind of a WWII gas mask over his face.

WIL: Did you call me?

RAL: Ahhhhhh!!!!

WIL: Quiet, you'll wake everybody in the place.

RAL: You scared me. What have you got on now?

WIL: Oh, you noticed.

RAL: Noticed! You look like the monster from the black lagoon.

WIL: I do? Gee, thanks.

RAL: What are you doing with all that stuff on?

WIL: It's my nappy tight sleep protector.

RAL: You're what?

WIL: It keeps me safe while I'm sleeping.

RAL: From what? Good-looking girls?

WIL: Oh, gross. It protects me from the AIDS virus. Like if the creepy guy who's got it is breathing right now in this room, and he's breathing out gross AIDS things into the air, none of it can get inside me.

RAL: You didn't read your little booklet yet, did you?

WIL: I've been busy building stuff.

RAL: William, you can't get the AIDS virus from just sleeping in the same room with another person.

WIL: No?

RAL: And you can't get it from sneezes, or coughs, either.

WIL: No?

RAL: No.

WIL: It's in the booklet?

RAL: It's in the booklet.

WIL: Boy, I'm glad to hear that. 'Cause this thing smells funny on the inside like someone stuffed an old sock in it. I'll be glad to get this thing off because it's.................AAHHHHHHH!!!!!!

WIL falls out of the top bunk and crashes to the floor.

RAL: William, are you O.K.?

WIL comes up at the side of RAL's bunk.

WIL: Oh, sure. I always do that. It helps me get to sleep.

WIL falls back out of sight.

Transition to main lodge scene

CAMP ITSAMONGUS, SCENE 6

We are in the main lodge. It is the end of summer farewell party and the lodge is decorated to indicate same. Counselor Bob is addressing the group.

BOB: Well, campers, we've come to the end of another wonderful summer. I know you've all had fun. I know I did, and I think we've all learned a lot, too. As my brother Dave used to say, "If you can't learn something new everyday, you may as well not even open the book." I'd like you all to remember...

WIL: Hey, you haven't seen my cupcake anywhere, have you?

Shot of William and Ralph standing by themselves at the back of the lodge. WIL is looking down as they begin speaking.

RAL: You know, William, we really did have fun this summer, didn't we?

WIL: Oh, yeah, you bet. And I learned a lot of stuff, too.

RAL: Yeah?

WIL: Yeah, you know, about AIDS. Boy, I was pretty stupid about it wasn't I?

RAL: I wouldn't say that. Besides, some of those protection gizmos you came up with were pretty funny.

WIL: And painful, too.

RAL: Well, you can hardly see the place where the bee stung you.

WIL: That's 'cause I'm wearing pants.

RAL: Yeah. Well, it was a great summer.

WIL: Yeah, except I never did figure out who the kid is that has the AIDS virus. I was sure a great detective like me wouldn't have any trouble finding out who it was.

RAL: Well, sometimes the guy you're looking for is closer than you think, William.

WIL: What do you mean?

RAL: I mean, the guy you've been looking for is standing right next to you.

WIL: But, you're standing right next to me.

RAL: Yeah.

WIL: You mean, you've got...

RAL: The AIDS virus.

WIL: But you look O.K. to me.

RAL: Yeah, and I feel pretty good, too. I've been lucky.

WIL: But all those ways you said we couldn't get the virus. How did you get it?

RAL: How I got the virus isn't as important as knowing that you can't get it just by hanging out with me. It's very hard for kids to get the virus, and you don't have to be afraid because you've learned a lot. And you know it's o.k. to be my friend, which is very important to me.

WIL looks down.

WIL: Gee, I feel really stupid. All those things I said about people with AIDS, how they're creepy, and ookie, and like that. I bet I made you feel bad.

RAL: Yeah. Kind of. But it was because you were scared. And the more you learned about AIDS, the less scared you were. And once you weren't scared of the virus, you didn't have to say all those things about the people who have it.

WIL: Yeah. So, when someone asks me what I did at camp this summer, I can tell 'em, "I got smarter and braver and I made a best friend."

They put arms around each other and begin to walk out of the shot.

RAL: You sure did. Come on, pal. Let's get on the bus.

WIL: (SQUISH) I think I found my cupcake.

APPENDIX G

WEXLER & FRIENDS PUPPETS: HOW TO DO IT

NOTE TO FACILITATORS:

The information on puppet making in this "How to Do It" can be used to make puppets for the "Sharing Feelings" Puppet Show, Unit I, Session 6. This script was developed as a part of **SMART Moves** and is simply to be used as a guide in developing your own scripts.

HOW TO DO IT

HEALTH AND PHYSICAL EDUCATION

WEXLER AND FRIENDS MAKE SMART MOVES

Children the world over enjoy puppets. Whether it is a hand in an old sock with buttons for eyes, a felt face glued to an upside-down dixie cup affixed to a stick, or a face drawn on the tip of a finger, puppets are appealing.

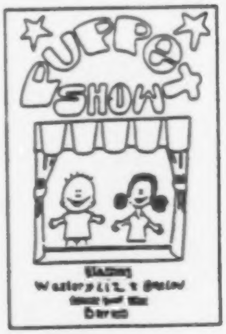
Puppets are a wonderful help in disseminating information and creating opportunities for examining individual attitudes and behavior. Wexler and Friends puppets can enhance many Club programs. SMART Moves, Boys & Girls Clubs of America's national prevention program, provides an especially good opportunity to make use of puppets.

One of the best ways to help children 4 to 8 years old learn to make positive choices and resist drugs is to help them develop positive self-concepts. Wexler and Friends puppet shows can be a fun, non-threatening approach to teaching skills which help children gain the confidence needed to resist dangerous situations.

General Tips

The script included in this article is intended to encourage the use of puppets as a regular feature of drug prevention activities for younger members. Using the script as a guide, you can develop puppet plays that promote healthy, safe lifestyles. The plays might address topics such as:

- Proper nutrition and exercise
- Understanding personal feelings
- How to get help when you need it
- Safety in the home



Recruiting Puppeteers

SMART Moves Peer Leaders are ideal candidates for making puppets and putting on shows that reinforce drug, alcohol and early sexual involvement prevention messages. Puppeteers can write their own scripts or use the script on self-esteem that is included in this article. *(NOTE: Patterns for making hand puppets are included.)* The characters in the script are:

- Wexler
- Barko, Wexler's dog
- Liz, Wexler's friend
- Emelou, Wexler's next door neighbor and friend

Character Data

Get to know the characters by compiling data on each of the characters. A **Character Data Sheet** is enclosed for this purpose. Character data can help tailor the characters to meet specific situations and environments. Ask Club members to help!

Making WEXLER and FRIENDS PUPPETS

You will need:

- old sheet or similar fabric and colored cloth scraps
- scissors
- glue or staples
- Yarn, glitter, buttons, etc., for decoration

1. Photocopy the patterns and keep the originals.

2. Tape a photocopy pattern to a window. Tape white fabric on top of the pattern. Use a pencil or crayon to trace the pattern, including the broken lines, onto the fabric. Remove the fabric from window (leave the pattern in place) and cut along broken lines with scissors. Fill in the design with paints, crayons, etc. If you wish, yarn can be glued on for hair and bits of colored fabric can be used to create the costume.

3. Tape another piece of fabric over the same pattern and trace broken lines only. Remove the fabric and cut along broken lines. This will be the back of the puppet. It can be left blank or filled in as shown on the pattern.

4. Fix the front and back together around the edges with a narrow strip of glue. Alternatively, the front and back can be stapled together.

Setting the Stage

A stage is easy to make and makes a puppet show much more fun. For the stage you'll need one of the following:

- large cardboard box

- card table

- doorway

- sheet or tablecloth

Tickets, Programs and Posters

Older members can design tickets for the show using multi-colored construction paper and felt-tip markers, crayons, glitter, scraps of fabric, stickers and other found objects. Tickets and programs make great souvenirs.

On With the Show!

The aim of the following script is to demonstrate to members that in some way everyone is special.

ACT I. - INTRODUCTION

WEXLER: HI EVERYONE! MY NAME IS WEXLER AND THIS IS MY FRIEND LIZ. HERE'S MY DOG, BARKO.

BARKO: WOOF!

LIZ: WE'VE NEVER BEEN TO A CLUB BEFORE, HAVE WE WEXLER? THIS IS REALLY COOL! *(Puppets comment on bulletin boards, gamesroom, etc.)*

WEXLER: *(To the audience.)* WHAT DO YOU DO AT THE CLUB?

LIZ: I'VE GOT A GREAT IDEA. WHY DON'T YOU TAKE TURNS INTRODUCING YOUR SELF SO THAT WE GET A CHANCE TO KNOW YOU?

BARKO: I'D LIKE TO GO FIRST! *(To the audience.)* DIDN'T KNOW I COULD TALK, HUH?

WEXLER: YOU HAVEN'T BEEN TO A CLUB BEFORE, BARKO.

BARKO: I KNOW. BUT I WANT TO FIT IN — YOU KNOW, MAKE FRIENDS HERE.

WEXLER: YOU WILL BARKO. FIRST LET'S GET TO KNOW EVERYBODY AND FIND OUT WHAT THEY LIKE TO DO HERE AT THE CLUB.

LIZ: AS I WAS SAYING . . . WHO WANTS TO BEGIN?

(Puppets interact with members of the audience.)

BARKO: SEE, I KNEW I WOULD LIKE IT HERE. ANYONE WANT TO PLAY FRISBEE?

ACT 2 - "I WISH I WERE....."

(EMELOU enters, trying to bounce a ball.)

WEXLER: EMELOU, WHAT'RE YOU DOING? **(To the audience.)** BY THE WAY, THIS IS MY NEIGHBOR, EMELOU.

EMELOU: HI! I'M TRYING TO GET REALLY GOOD AT BASKETBALL.

LIZ: BASKETBALL! HOLD ON A MINUTE. YOU DON'T LIKE BASKETBALL.

BARKO: YOU NEVER PLAY BASKETBALL WITH ME!

EMELOU: WELL, JUST BECAUSE I DIDN'T LIKE IT BEFORE DOESN'T MEAN I CAN'T LIKE IT NOW.

WEXLER: THAT'S RIGHT. GOOD FOR YOU, EMELOU. IT'S A GOOD IDEA TO TRY DIFFERENT SPORTS. MAYBE YOU'LL BE THE NEXT MICHAEL JORDAN.

LIZ: WHY BASKETBALL? YOU DON'T LIKE BASEBALL EITHER. WHY AREN'T YOU TRYING THAT? WAIT A MINUTE. ISN'T THAT NEW GIRL, KIM, GREAT AT BASKETBALL?

EMELOU: YEAH. AND EVERYONE LIKES HER BECAUSE SHE'S SO GOOD AT IT. I'M AFRAID SHE'LL GET ALL MY FRIENDS.

WEXLER: COME ON, EMELOU. JUST BEING GOOD AT BASKETBALL DOESN'T MAKE SOMEONE BETTER THAN YOU.

BARKO: WOOF! I KNOW A DOG WHO IS GREAT AT CATCHING FRISBEES . . . BUT HE'S STILL A MUTT BECAUSE HE'S REALLY STUCK UP AND DOESN'T HAVE MANY FRIENDS.

EMELOU: I WISH I WERE KIM. SHE'S SO GOOD AT SPORTS AND SHE IS A NICE PERSON BESIDES. I'M NOT GOOD AT ANYTHING. (*Throws down the ball.*) THIS IS HOPELESS! (*Lowers head and exits.*)

LIZ: GEE, I CAN'T BELIEVE EMELOU. SHE IS ONE OF THE NICEST PEOPLE I KNOW. WHY WOULD SHE EVER WANT TO BE SOMEONE ELSE?

WEXLER: I GUESS SOMETIMES PEOPLE FORGET HOW SPECIAL THEY ARE.

LIZ: YEAH, I THINK EMELOU FORGETS SHE'S REALLY GREAT AT A LOT OF THINGS.

BARKO: SHE'S ALWAYS NICE TO ME. SHE TAKES ME FOR WALKS AND PATS ME ON THE HEAD ONCE IN A WHILE. SHE MAKES ME FEEL IMPORTANT.

LIZ: I KNOW WHAT YOU MEAN, BARKO. EMELOU HAS BEEN A FRIEND SINCE WE WERE REALLY LITTLE. SHE IS ALWAYS THERE TO TALK TO AND . . .

WEXLER:. . . SHARE A HUG WHEN YOU NEED IT.

LIZ: *(To the audience.)* WHAT'LL WE DO? HOW CAN WE LET EMELOU KNOW SHE IS A SPECIAL PERSON?

(Puppets ask members of the audience to make suggestions. Following suggestions, WEXLER and LIZ have a whispered conversation.)

WEXLER: EMELOU, COME HERE! (*To the audience.*) PLEASE HELP ME. LET'S ALL CHANT, "EMELOU WE WANT YOU!"

(EMELOU enters with a baseball mitt.)

EMELOU: WHAT IS GOING ON? *(Drops the mitt.)* OOPS!

LIZ: WHAT ARE YOU DOING NOW?

EMELOU: WELL, YOU GOT ME THINKING ABOUT THIS BASEBALL THING. THERE'S NO USE COMPETING WITH KIM IN BASKETBALL. I'LL BE BETTER THAN HER AT BASEBALL.

LIZ: WHAT ABOUT SWIMMING, OR CHESS, OR FOOSEBALL OR THE OTHER HUNDRED THINGS YOU'RE GOOD AT?

WEXLER: *(Barko snuggles up to EMELOU.)* WE'VE BEEN TALKING ABOUT YOU *(gestures to the audience)* AND HOW YOU ARE SUCH A GREAT FRIEND.

LIZ: *(Putting her arm around EMELOU.)* YOU'RE SO GOOD AT SO MANY THINGS, EMELOU. YOU DON'T HAVE TO COMPETE FOR FRIENDS. JUST BE YOURSELF.

WEXLER: IT'S GREAT THAT KIM IS GOOD AT BASKETBALL. THAT'S ONE THING SPECIAL ABOUT HER. YOU'RE A GREAT SWIMMER. WHO KNOW'S, ONE DAY YOU MIGHT BE IN THE OLYMPICS.

EMELOU: YOU THINK SO?

BARKO: ANYTHING'S POSSIBLE.

WEXLER: AND BESIDES, YOU ARE ONE OF THE SMARTEST PEOPLE I KNOW.

LIZ: WHO DO I ALWAYS ASK TO HELP ME WITH MY READING?

BARKO: NOT ME!

WEXLER: EMELOU . . . WE LOVE YOU FOR BEING YOU . . . AND FOR BEING THE SPECIAL FRIEND YOU ARE.

EMELOU: WE ALL HAVE SPECIAL THINGS ABOUT US, I GUESS.

LIZ: YEAH. WEXLER IS ONE OF THE FUNNIEST PEOPLE I KNOW.

WEXLER: WELL LIZ, YOU'RE ONE OF THE MOST ORGANIZED PEOPLE I EVER MET.

BARKO: HEY, WHAT ABOUT ME?

WEXLER: A TALKING DOG....PRETTY AMAZING!

(Characters hug each other. Wexler recites the following poem by Irma M. Joyce.)

If no two snowflakes look the same
If every star gets a special name
If puppies all wag different tails
If fish can't wear each other's scales
Why then, of course, it must be true
That there can only be one you!

CURTAIN

Let's Talk About It!

Children's self worth increases when others notice and praise their positive qualities. Many children, especially very young children, are not aware that they have special qualities. Following is a guide for follow-up discussion to the show.

- What does "special" mean to you?
- Is everyone special or are just some people special?
- How many people in the whole world are just like you?
- Why did Emelou feel so bad?
- Did you ever feel like that? What did you do?
- How did Wexler and Barko help Emelou?

Really listen and **talk** to young members about the things that concern them and that they want to talk about. Finally, go around the room and ask each child to name just one of their special qualities.

For more information about the SMART Moves program contact:

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OF AMERICA

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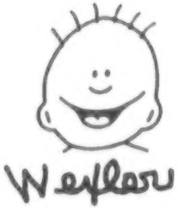
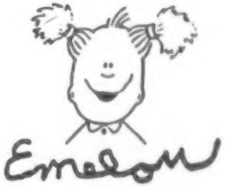
CHARACTER DATA SHEET





1) Nickname ....

2) Age ....

3) Grade ....

4) Hometown ....

5) State ....

6) Height ....

7) Weight ....

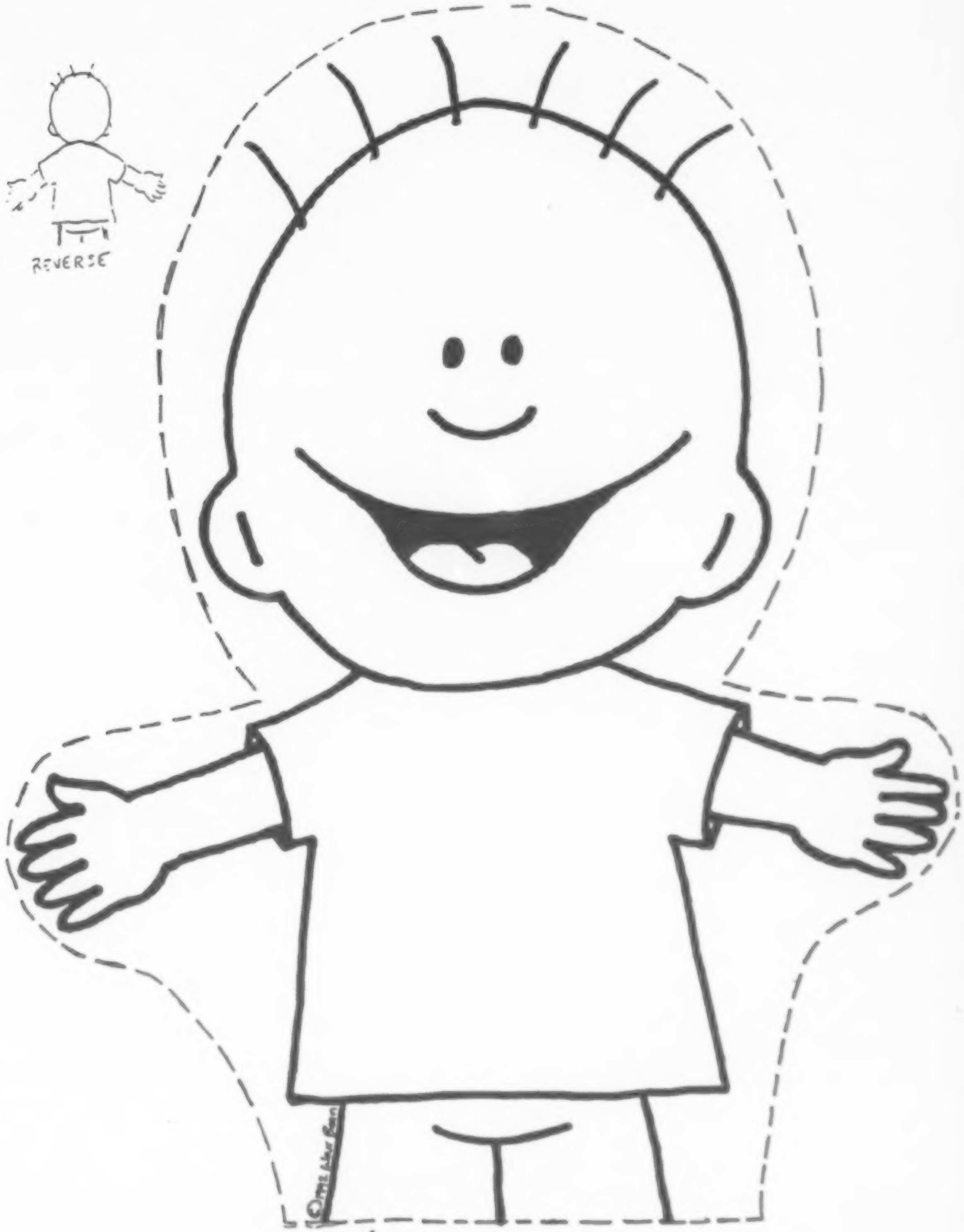
8) Hobbies ....

9) Favorite food ....

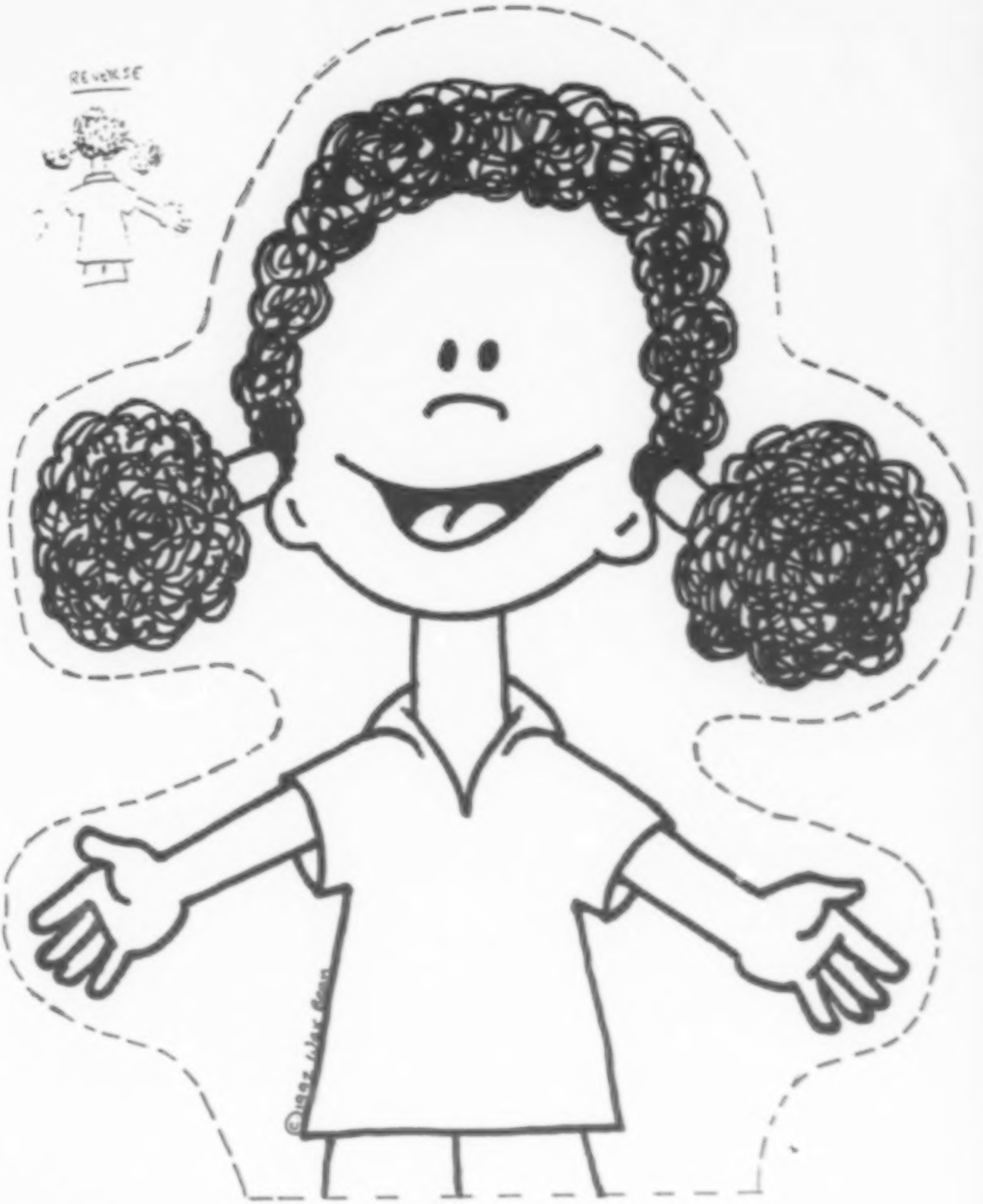
10) Favorite color ....

11) Favorite things to do ....

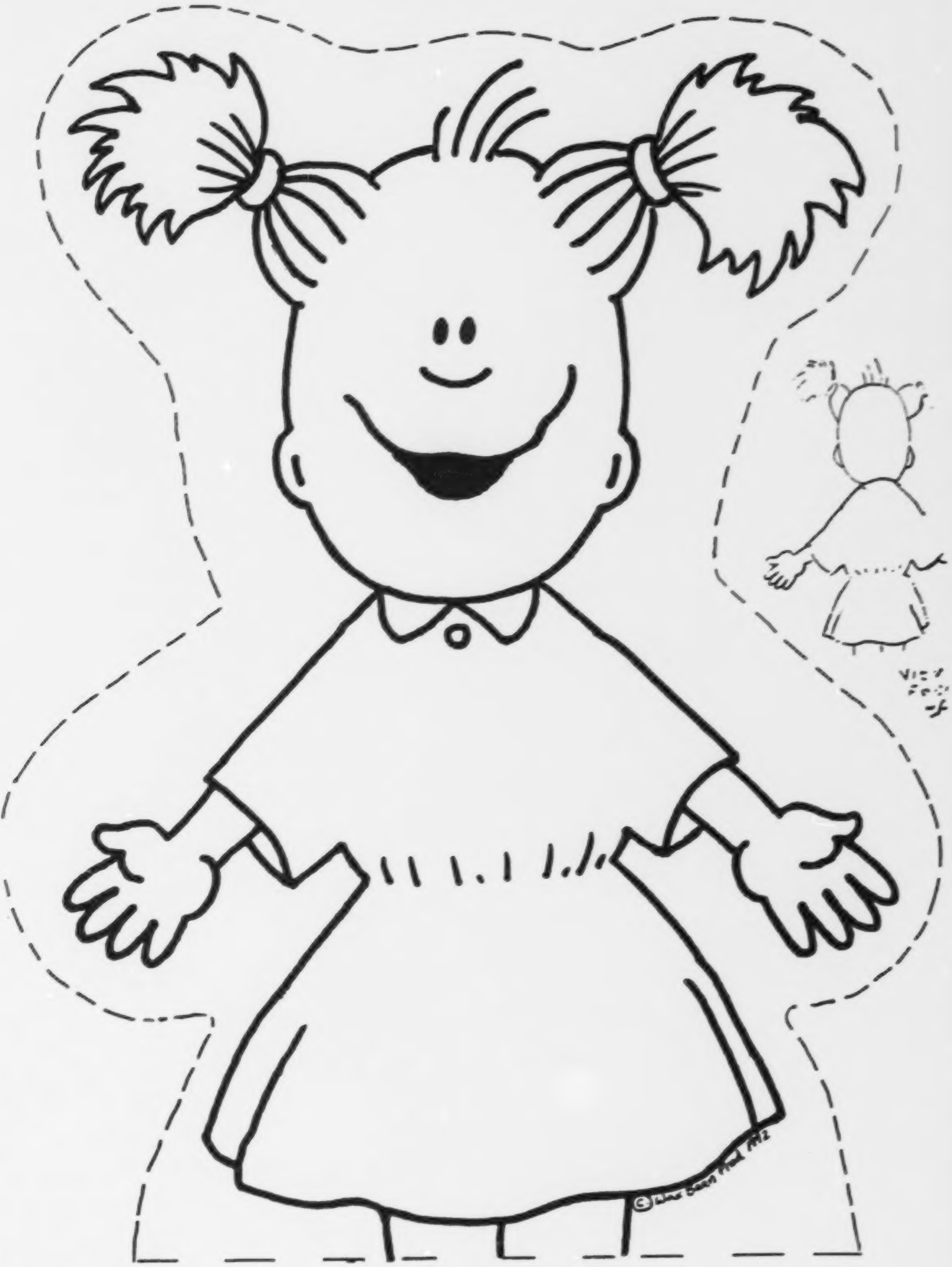
12) Brothers\sisters..



Wexler



Liz

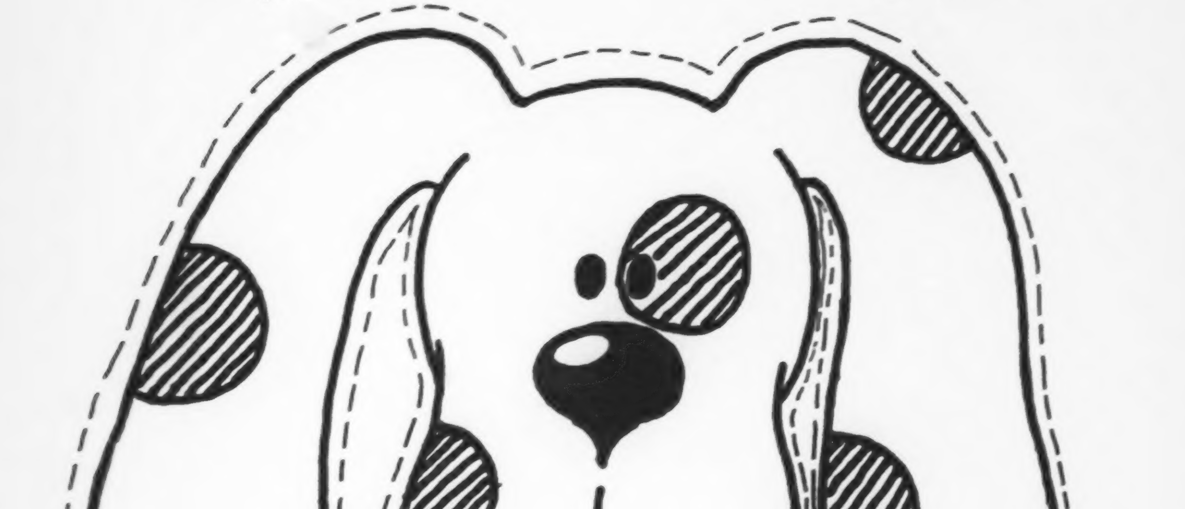


Emelou

VIEW FROM BACK

NOTE: THE SPOTS SHOULD LINE UP!

NOTE: if the puppet material is cut close to Barko's ears, the ears will "flop" when he moves.



Barko

APPENDIX H

START SMART:
FOR PRE-TEENS AGES 10-12

STAY SMART:
FOR TEENS AGES 13-15

SESSION III — PUBERTY

SESSION OBJECTIVE:

Club members will learn about the physical and developmental changes that occur during puberty in order to feel more comfortable with feelings about themselves and their bodies.

INTRODUCTION:

Not knowing the facts or having misinformation about puberty can cause much anxiety for pre-teens. Experiencing feelings of insecurity, inadequacy, or self-consciousness can lead young people to make decisions based on wanting to "fit in" and not be different.

In this session, pre-teens learn that the changes in adolescence are normal and that everyone at sometime will experience them. Members also discuss and learn how to cope with the feelings that accompany these changes.

ADOLESCENT SEXUALITY BACKGROUND INFORMATION

Adolescence is a time of physical, emotional, and social development. Young people are coming to grips with bodily changes, deciding what it means to be a man or a woman, confirming a system of values—including sexual values—and developing the capacity for expressing both emotional and physical intimacy beyond the immediate family. It is a time of confusion and uncertainty, and this normal process of growing up is often made more complex by a wide range of choices, changing values, and double messages.

TEENAGE SEXUALITY AND PREGNANCY FACTS

- Forty-four percent of girls and 64 percent of boys report that they were sexually active by their eighteenth birthday.
- Four of every 10 females become pregnant before they are 20 years old. More than one in every 10 teen women gets pregnant each year.
- The rate of teen pregnancy has increased 11.8 percent since 1973.
- The younger persons are at first intercourse, the less likely they are to use contraception.
- Those teenagers who have intercourse before they are 16 years old are nearly twice as likely to get pregnant within six months as those who wait until age 18 or 19 to begin sexual activity.

- One fifth of all premarital pregnancies among teens occur within the first month after commencing sexual intercourse; one half occur in the first six months.

POSTPONING SEXUAL INVOLVEMENT

Postponing sexual involvement is one approach to solving the problem of teen pregnancy. **SMART Moves** promotes a clear postponement message.

Reasons for helping young people say "NO" to early sexual involvement include the following:

- Many young people are not yet able to understand the full implications of their actions or to handle all the consequences.
- Young people are poor contraceptors. Although they might know about contraceptive methods, they often don't use them.
- Most young people are internally or externally pressured to engage in behavior they really don't want to engage in, but lack the skills needed to resist these pressures.

The postponement approach to sexual involvement can provide young teens with appropriate limits, social options, and skills to avoid sexual activity.

Adults must send clear, consistent messages encouraging young people to say "NO" to sexual behavior and to act responsibly until they are able to make more informed decisions about sexual involvement.

CARDINAL RULES FOR STAFF TO OBSERVE

- Discuss sexual issues with Club members, even though this may be uncomfortable.
- It is never too early to talk to children about sex.
- Be aware of "teachable moments" that present opportunities to talk about sex: e.g., while watching a television show that has sex as a topic, or following up on a comment made in the van coming home from a game.

CHANGES DURING PUBERTY BACKGROUND INFORMATION

Adolescents have to deal with both physical and emotional changes. With puberty and its upsurge of hormones, young people experience mood swings, feelings of awkwardness, and embarrassment about their changing bodies and selves. Developmentally, they experience a greater need to prove themselves independent, to search for a sense of who they are, and to determine whether they are "normal." This creates confusion and anxiety in relationships with parents and other adults. In addition, they suddenly discover the opposite sex and experience sexual feelings for the first time. How to act, what to do, and whom to listen to are key issues. Friends become increasingly important as young people move away from their dependence on their family. During this time, young people are more vulnerable to outside pressures and experiences in their quest for belonging. Programs that focus on friendship and that help youngsters understand puberty can reduce this vulnerability.

Puberty is the period between childhood and sexual maturation when people's bodies undergo pronounced hormonal and physical changes.

- There is great variation in the age range of puberty:

  Most children enter puberty between ages 9 and 13, but the actual range is much wider.

  Boys may begin as early as age 10 or as late as 18.

  Girls may begin as early as age 8 or as late as 16.

  The average age for the onset of puberty in girls is two years earlier than for boys.

- The process of puberty includes physical growth, sexual development, and emotional changes.

  These changes may worry an adolescent, particularly if he is the last boy whose voice hasn't changed, or if she is a girl who hasn't had her first menstrual period.

  It is unwise, however, to assume that all young people find this phase of their lives difficult and confusing. Young people enter puberty with attitudes ranging from eager anticipation to dread, fear to lack of concern, self-doubt and trauma to self-assurance and comfort.

PHYSICAL CHANGES YOUNG MEN EXPERIENCE

- Development of the testes and scrotum is usually the first sign of puberty in boys, beginning between ages 10 and 13. The skin of the scrotum reddens and wrinkles, testosterone (the male sex hormone) is produced, and sperm development begins.

  Pubic hair appears as a result of the production of testosterone in the testes.

- A growth spurt begins about a year later. The arms and legs lengthen before the trunk of the body. This sometimes causes awkwardness until the body becomes proportionate.

BEST COPY AVAILABLE

- Growth of the penis occurs simultaneously with the increase in height. Erections—which occur when blood fills the vessels of the penis, causing it to become longer, harder, thicker, and darker in color—are most frequent.

  Erections can occur at any time and for no particular reason during puberty; they can be a source of embarrassment.

  Ejaculation occurs—a release of fluid (called semen) containing millions of sperm.

  An erection can occur without ejaculation.

- Facial and pubic hair appear, and hair begins growing under the arms. This happens, on the average, two years after the beginning of pubic growth. Additional body hair continues appearing well after puberty.

- By age 16–18, most males have completed puberty. Shoulders have broadened.

  Limbs and trunk are muscular.

  Body growth slows down.

  Sperm production is well established.

  Body hair is established but continues to develop.

PHYSICAL CHANGES YOUNG WOMEN EXPERIENCE

- The growth spurt is usually the first sign of puberty in girls, beginning between ages 8 and 12.

  The pituitary gland signals the ovaries to start production of estrogen (the female sex hormone); this triggers the growth spurt.

  Head, hands, and feet are the first parts of the body to reach mature size. (Girls often worry about the size of their feet and should be assured that the rest of their body will catch up soon.)

  Girls lose less of their body fat than boys, giving them a more rounded appearance.

  Like boys, girls may go through a stage of awkwardness as various body parts grow at different rates.

- Breast development usually starts soon after the growth spurt begins.

- Filling out of the hips is usually the next step in development, as the rest of the body becomes more rounded and curved.

- Hair appears in the pubic area soon after breast development begins.

- The final event in this sequence of development is the onset of menstruation.

  About once a month a young woman's ovary releases a mature egg (ovum) into the fallopian tube. This release is called ovulation. It is the time when a woman is most fertile. If sperm joins with the egg in the fallopian tube, pregnancy occurs.

Ovulation usually occurs about two weeks before the menstrual period. This is why it is difficult to determine exactly when a woman is at risk of becoming pregnant.

Menstruation is the periodic shedding of blood and tissue from the female reproductive organ called the uterus.

Menstruation is normal, healthy, and natural for all girls.

OTHER CHANGES

- In both males and females, the voice changes during puberty.

  This is caused by the lengthening of the vocal chords. For a short time, boys may be aware of a cracking or change in register in their voices; it may happen midsentence and cause some embarrassment.

  Though this phenomenon is not so noticeable in girls, their voices do change to a lower register.

- Sweat glands become more active.

- Most young people experience acne problems at some time during puberty.

- Increased production of hormones prompts sexual thoughts and daydreams in most young people; there is a heightened awareness of sexual attraction.

  It is common for boys to experience nocturnal emissions, or "wet dreams"—the release of semen during sleep. It is also quite normal not to experience them.

  In general, boys and girls become more interested in each other during puberty. They may experience sexual excitement by simply looking at or being near someone they are attracted to. They may not understand that the emotions they are feeling are sexual in nature, and they may be confused by them.

- Puberty is a time of swift and unpredictable mood shifts.

  Discomfort and concern about the changes in their bodies and feelings may cause young people to experience emotional stress and make them vulnerable to negative peer pressure.

  It helps young people to share their feelings and concerns, and to discover that others are experiencing, or have experienced, the same emotions.

Adapted from: DeSpelder and Strickland, *Family Life Education: Resources for the Elementary Classroom—Grades 4, 5, 6.* Network Publications, Santa Cruz, CA, 1982.

ACTIVITY 1: REVIEW OF SESSION II

OBJECTIVE:	Club members will review information learned in the previous session.
TIME:	15 minutes.
MATERIALS, RESOURCES NEEDED:	Three sheets of newsprint, marker.

Divide the group into three teams. Assign each team a substance: tobacco, alcohol, or marijuana. Challenge the teams to come up with as many negative consequences of using those substances as they can think of. Have each team appoint a member who will write down participants' contributions on newsprint.

When lists are completed, post them. Discuss and revise consequences as necessary.

ACTIVITY 2: PUBERTY CHANGES

OBJECTIVE:	Club members will discuss the meaning of puberty and the importance of knowing how and why their bodies are changing.
TIME:	15 minutes.
MATERIALS, RESOURCES NEEDED:	Newsprint, marker.

Write the word "Puberty" on newsprint. Explain: **Puberty is the time between childhood and adulthood when girls and boys experience various physical and emotional changes.** Puberty usually occurs between the ages of 9 and 18 for girls and 12 and 18 for boys. Examples of body changes include increased underarm perspiration, increased body hair (arms, legs, pubic area), and acne (pimples). Ask the group for other examples.

Explain that puberty is a stage of life that everyone goes through. Some young people start sooner and some later; both groups are perfectly normal. Ask for a show of hands of those who know someone their age who is experiencing some of the changes of puberty.

Tell the group that understanding and talking about puberty can help them feel—

- More comfortable and sure of themselves.
- OK, that nothing is wrong with their bodies.
- Normal, and not different from their friends and peers.

Review the definition of the word "consequences." Have members respond to the question: What are some of the negative consequences young people may experience if they don't know or haven't talked about the changes that take place during puberty? Record their answers on newsprint, making sure the following are included:

- Feeling scared, insecure, uncomfortable, or different.
- Feeling as though something is physically wrong. (Some young people describe it as "It feels like my body doesn't fit.")
- Finding it difficult to say "NO" to cigarettes, alcohol or other drug offers made by peers because of a need to feel OK.

ACTIVITY 3: IS CHRIS A BOY OR GIRL?

OBJECTIVE:	Club members will identify and discuss some of the emotional changes that boys and girls experience during puberty.
TIME:	10 minutes.
MATERIALS, RESOURCES NEEDED:	Copies of Handout III-3-A.

Distribute copies of "Chris' Story." Have a peer leader read it aloud with members following along.

Ask members whether they think Chris is a boy or a girl and discuss reasons for their answers.

> *Note:* There isn't enough information given to determine whether Chris is a boy or a girl. All the body changes mentioned in the story could apply either to a female or to a male. Many of the emotional changes that accompany puberty—including those mentioned in Chris' story—are the same for both sexes.

CHRIS' STORY

Handout III-3-A

Hi! My name is Chris. And I have to tell you, you just won't believe what's happening to me right now. I mean, I get so depressed and can't even tell you why. Sometimes I feel like I can't do anything right. Like, so worthless. But then, just when I think everything is as bad as it can get, I start to feel better.

It seems like every day brings a new change. It's almost like I'm getting a new body!

Another thing is all this new hair that's growing on me—I mean, in some places you just wouldn't believe. I guess it's OK and normal and all, but it's weird. I mean, I just can't get used to it.

I don't mind some of the changes I'm seeing. In fact, some things I even like. I'm taller than I was last year; I'm almost as tall as my parents.

But talk about gross... Now I have to worry about B.O. I couldn't believe it the first time I noticed it. I thought I had some kind of tropical disease or something. Now I have to wash more often. They tell me to use a deodorant. What a pain.

I think about things more now than when I was younger. I hate it when they tell me to act grown up but treat me like a kid. I can't wait to be totally grown up. But still, I'm not sure I'm ready, either. I mean, look at these zits. I feel like I should hide my face; I wonder if my friends are having the same problems.

There's another thing. And this is hard to say. I'm only going to tell you once. Last Saturday night, at Patty's party, I was with someone I kinda like. We were just sort of playing around, you know, like flirting a little. I got this really weird feeling. Like tingling, sort of. Yes, in my—you know—genitals. Really strange. I can't believe I'm saying these things. If my friends knew all this, they'd gross out.

They tell me all these changes are called puberty. What a dumb-sounding word. I wonder if my friends like me. I hope so, but if not, I still have to go to school and stuff, just the same. But I'll probably survive. I feel like I'm growing up and I'm handling it. Like, a year ago I couldn't have told you all this. No way.

ACTIVITY 4: BOYS AND GIRLS: SIMILARITIES AND DIFFERENCES

OBJECTIVE:	Club members will identify, compare, and discuss the physical changes that girls and boys experience during puberty.
TIME:	20 minutes.
MATERIALS, RESOURCES NEEDED:	Copies of Handout III-4-A.

Distribute copies of the handout entitled "Boys and Girls: Similarities and Differences." Instruct group members to complete it individually.

Review answers, correct misinformation and explain any terms that participants are not familiar with by referring to the FACILITATOR'S ANSWER SHEET.

Ask group members:

- Which changes occur only for girls?
- Which changes occur only for boys?
- Which changes occur for both girls and boys?
- Which changes occur for every girl and boy?
- Which changes occur only during puberty?
- Which changes occur throughout life?

ANSWERS FOR FACILITATOR

Changes for girls: Hips broaden, breasts develop, ovulation, menstruation.

Changes for boys: Voice deepens perceptibly, shoulders broaden, increased facial hair, sperm production, erections, seminal emissions, nocturnal emissions.

Changes for both: Increased perspiration, acne, rapid growth, hormone production, fertility, pubic hair.

Conclude by reviewing the terms and definitions listed on the FACILITATOR'S ANSWER SHEET.

BOYS AND GIRLS: SIMILARITIES AND DIFFERENCES

Handout III-4-A

Instructions: Boys and girls experience many body changes during puberty. For each change listed below, decide whether it COULD ONLY HAPPEN TO BOYS, COULD HAPPEN ONLY TO GIRLS, or COULD HAPPEN TO BOTH. Put a check in the correct column.

CHANGES	COULD ONLY HAPPEN TO BOYS	COULD ONLY HAPPEN TO GIRLS	COULD HAPPEN TO BOTH
Voice deepens perceptibly	☐	☐	☐
Menstruation	☐	☐	☐
Increased perspiration	☐	☐	☐
Acne	☐	☐	☐
Seminal emissions	☐	☐	☐
Shoulders broaden	☐	☐	☐
Increased facial hair	☐	☐	☐
Pubic hair	☐	☐	☐
Rapid growth	☐	☐	☐
Breasts develop	☐	☐	☐
Sperm production	☐	☐	☐
Ovulation	☐	☐	☐
Erections	☐	☐	☐
Hips broaden	☐	☐	☐
Nocturnal emissions	☐	☐	☐
Fertility	☐	☐	☐
Hormone production	☐	☐	☐

Adapted from: DeSpelder and Strickland, *Family Life Education: Resources for the Elementary Classroom—Grades 4, 5, 6.* Network Publications, Santa Cruz, CA, 1982.

FACILITATOR'S ANSWER SHEET

Discussing the following terms may be embarrassing for both boys and girls. If teasing should begin, remind the group that these terms represent the normal functions of a healthy male or female body.

SEMINAL EMISSION or EJACULATION	Semen is released from the penis.
NOCTURNAL EMISSION or WET DREAMS	Semen is released (ejaculated) from the penis during sleep.
SPERM	The male sex cells, which can make a female pregnant. Sperm are carried through the penis in a fluid called semen.
ERECTION	The rushing of blood into the vessels of the penis to make it large, firm, and extended. This may occur spontaneously or as a result of stimulation.
MENSTRUATION	The periodic shedding of blood and tissue from the female reproductive organ called the uterus. The uterus is located in the lower part of the abdomen between the hip bones. It is lined with blood and tissue. Every month this lining gets thick in order to nourish and support a fertilized egg, should pregnancy occur. When a woman is not pregnant, this addition to the lining is not needed by the body. It flows out of the uterus through a passageway called the vagina and leaves the body. This is called the menstrual flow. Menstruation occurs about once a month for a period of several days. You may have heard menstruation called the "period."
OVULATION	Each month, about two weeks before the female's menstrual flow begins, an egg cell (the female sex cell) in one of her ovaries (the two female organs that contain thousands of egg cells from birth) grows to maturity and is released. This is called ovulation.
FERTILITY	Once a girl begins releasing eggs (between the ages of 9 and 18), she is fertile, meaning she is able to become pregnant. Once a boy begins producing sperm (between the ages of 12 and 16), he is fertile and able to make a girl pregnant.

SESSION V—COPING WITH CHANGE

SESSION OBJECTIVE:

Club members will learn about the physical and emotional changes that occur during puberty.

INTRODUCTION:

"Am I normal?" is a question many of us ask ourselves. This question probably pops up more often during "puberty" than at any other time in our lives. Puberty is simply the time when a person grows from being a child to being an adult. What aren't so simple are the many physical and emotional changes that occur, and occur pretty fast. They seem like a big deal until we get used to them. The important thing to know is what to expect during puberty. It also helps to remember that everybody goes through the changes sooner or later.

This session discusses what growing up is all about. Members are encouraged to discuss some of the physical and developmental changes they are experiencing.

REMINDER:

At the beginning of the session, point out the "PROUD and LOUD" newsprint sheets posted around the room. Have each member write down an accomplishment from his or her log.

At the end of the session, ask volunteers to refer to the newsprint sheets and share what they are PROUD of in a LOUD, clear voice. (Those who did not complete their log need to meet with the Facilitator or a Peer Leader to discuss what happened.) Encourage all members to continue this project. Ask the peer leaders to follow up with members who are having difficulty with their logs.

ADOLESCENT SEXUALITY BACKGROUND INFORMATION

Adolescence is a time of physical, emotional and social development. Young people are coming to grips with bodily changes, deciding what it means to be a man or a woman, confirming a system of values, including sexual values, and developing the capacity for both emotional and physical intimacy beyond the immediate family. It is a time of confusion and uncertainty; and this normal process of growing up is often made more complex by a range of choices, changing values and double messages.

Teenage Sexuality and Pregnancy Facts:

- Forty-four percent of girls and 64 percent of boys report that they were sexually active by their 18th birthday.

- Four of every 10 females become pregnant before they turn 20 years old. More than 1 in every 10 teen women get pregnant each year.
- The rate of teen pregnancy has increased 11.8 percent since 1973.
- The younger persons are at first intercourse, the less likely they are to use contraception.
- Those teenagers who have intercourse before they are 16 years old are nearly twice as likely to get pregnant within six months as those who wait until age 18 or 19 to begin sexual activity.
- One fifth of all premarital pregnancies among teens occur within the first month after commencing sexual intercourse; one half occur in the first six months.

POSTPONING SEXUAL INVOLVEMENT

Postponing sexual involvement is one approach to solving the problem of teen pregnancy. SMART Moves involves Club members 10 to 15 years old and promotes a clear postponement message.

Reasons for helping young people say "NO" to early sexual involvement include the following:

- Many young people are not yet able to understand the full implications of their actions or to handle all the consequences.
- Young people are poor contraceptors. Although they might know about contraceptive methods, they often don't use them.
- Most young people are internally or externally pressured to engage in behavior they really don't want to engage in, but lack the skills needed to resist these pressures.

The postponement approach to sexual involvement can provide young teens with appropriate limits, social options, and skills to avoid sexual activity.

Adults must send clear, consistent messages encouraging young people to say "NO" to sexual behavior and to act responsibly until they are able to make more informed decisions about sexual involvement.

CARDINAL RULES FOR STAFF TO OBSERVE

- Discuss sexual issues with Club members, even though this may be uncomfortable.
- It is never too early to talk to children about sex.

- Be aware of "teachable moments" that present opportunities to talk about sex: e.g., while watching a television show that has sex as a topic, or following up on a comment made in the van coming home from a game.

CHANGES DURING PUBERTY BACKGROUND INFORMATION

Adolescents have to deal with both physical and emotional changes. With puberty and its upsurge of hormones, young people experience mood swings, feelings of awkwardness, and embarrassment about their changing bodies and selves. Developmentally, they experience a greater need to prove themselves independent, to search for a sense of who they are, and to determine whether they are "normal." This creates confusion and anxiety in relationships with parents and other adults. In addition, they suddenly discover the opposite sex and experience sexual feelings for the first time. How to act, what to do, and whom to listen to are key issues. Friends become increasingly important as young people move away from their dependence on their family. During this time, young people are more vulnerable to outside pressures and experiences in their quest for belonging. Programs that focus on friendship and that help youngsters understand puberty can reduce this vulnerability.

Puberty is the period between childhood and sexual maturation when a person's body undergoes pronounced hormonal and physical changes.

There is great variation in the age range of puberty:

- Most children enter puberty between ages 9 and 13, but the actual range is much wider.
- Boys may begin as early as age 10 or as late as 18.
- Girls may begin as early as age 8 or as late as 16.
- The average age for the onset of puberty in girls is two years earlier than for boys.

The process of puberty includes physical growth, sexual development and emotional changes.

- These changes may worry an adolescent, particularly if he is the last boy whose voice hasn't changed, or if she is a girl who hasn't had her first menstrual period.
- It is unwise, however, to assume that all young people find this period of their lives difficult and confusing. Young people enter puberty with attitudes and feelings ranging from eager anticipation to dread, fear to lack of concern, self-doubt and trauma to self-assurance and comfort.

PHYSICAL CHANGES YOUNG MEN EXPERIENCE

Development of the testes and scrotum is usually the first sign of puberty in boys, beginning between ages 10 and 13.

- The skin of the scrotum reddens and wrinkles, testosterone (the male sex hormone) is produced, and sperm development begins.
- Pubic hair appears as a result of the production of testosterone in the testes.

A growth spurt begins about a year later. The arms and legs lengthen before the trunk of the body. This sometimes causes awkwardness until the body becomes proportionate.

Growth of the penis occurs simultaneously with the increase in height.

- Erections—which occur when blood fills the vessels of the penis, causing it to become longer, harder, thicker and darker in color—are more frequent.
- An erection can occur at any time and for no particular reason during puberty; they can be a source of embarrassment.
- Ejaculation occurs—a release of fluid (called semen) containing millions of sperm.
- An erection can occur without ejaculation.

Facial and pubic hair appear, and hair begins growing under the arms. This happens, on the average, two years after the beginning of pubic growth. The remainder of body hair continues appearing well after puberty.

By age 16–18, most males have completed puberty.

- Shoulders have broadened.
- Limbs and trunk are muscular.
- Body growth slows down.
- Sperm production is well established.
- Body hair is established but continues to develop.

PHYSICAL CHANGES YOUNG WOMEN EXPERIENCE

The growth spurt is usually the first sign of puberty in girls, beginning between ages 8 and 12.

- The pituitary gland signals the ovaries to start production of estrogen (the female sex hormone); this triggers the growth spurt.

- Head, hands, and feet are the first parts of the body to reach mature size. (Girls often worry about the size of their feet and should be assured that the rest of their body will catch up soon.)
- Girls lose less of their body fat than boys, giving them a more rounded appearance.
- Like boys, girls may go through a stage of awkwardness as various body parts grow at different rates.

Breast development usually starts soon after the growth spurt begins.

Filling out of the hips is usually the next step in development, as the rest of the body becomes more rounded and curved.

Hair appears in the pubic area soon after breast development begins.

The final event in this sequence of development is the onset of menstruation.

- About once a month a young woman's ovary releases a mature egg (ovum) into the fallopian tube. This release is called ovulation. It is the time when a woman is most fertile. If sperm joins with the egg in the fallopian tube, pregnancy occurs; if there is no pregnancy, menstruation occurs.
- Ovulation usually occurs about two weeks before the menstrual period. This is why it is difficult to determine exactly when a woman is at risk of becoming pregnant.
- Menstruation is the periodic shedding of blood and tissue from the female reproductive organ called the uterus.
- Menstruation is normal, healthy, and natural for all girls.

OTHER CHANGES

In both males and females, the voice changes during puberty.

- This is caused by the lengthening of the vocal chords.
- For a short time, boys may be aware of a cracking or change in register in their voices. It may happen midsentence and cause some embarrassment.
- Though this phenomenon is not so noticeable in girls, their voices do change to a lower register.

Sweat glands become more active.

Most young people experience acne problems at sometime during puberty.

Increased production of hormones prompts sexual thoughts and daydreams in most young people; there is a heightened awareness of sexual attraction.

- It is common for boys to experience nocturnal emissions, or "wet dreams"—the release of semen during sleep. It is also quite normal not to experience them.
- In general, boys and girls become more interested in each other during puberty. They may experience sexual excitement by simply looking at or being near someone they are attracted to. They may not understand that the emotions they are feeling are sexual in nature, and they may be confused by them.

Puberty is a time of swift and unpredictable mood shifts.

- Discomfort and concern about the changes in their bodies and feelings may cause young people to experience emotional stress and make them vulnerable to negative peer pressure.
- It helps young people to share their feelings and to discover that others understand or share similar concerns.

Adapted from: DeSpelder and Strickland, *Family Life Education: Resources for the Elementary Classroom—Grades 4, 5, 6.* Network Publications, Santa Cruz, CA, 1982.

ACTIVITY 1: ANXIETY AND PUBERTY

OBJECTIVE:	Club members will learn and discuss the meaning of "anxiety" and "puberty."
TIME:	5 minutes.
MATERIALS, RESOURCES NEEDED:	Newsprint, marker.

Ask the group what is meant by "anxiety." Elicit from them that anxiety means feeling uptight, nervous, uneasy, apprehensive. Write these synonyms on newsprint. Then tell members that most young people experience anxiety for many reasons.

Explain that part of the anxiety of being a teenager is going through puberty. Ask members what they think "puberty" means. Discuss their responses. Point out that puberty is the stage of life when a child becomes an adult. The reproductive organs mature and become capable of reproduction and secondary sex characteristics appear—e.g., body and facial hair.

Explain that puberty for males usually begins between the ages of 10 and 13; and for females, between the ages of 8 and 12. It is a stage of life that everyone goes through. Yet each of us develops at a different rate. Some start sooner and some later; both groups are perfectly normal. People who start earlier or later than their friends often experience undue anxiety over being "different." Reassure members that they are not abnormal if they go through changes at different times than their friends do. They are merely experiencing their own version of what is normal.

ACTIVITY 2: BOYS AND GIRLS—WHAT'S THE DIFFERENCE?

OBJECTIVE:	Club members will identify and discuss the physical changes that occur during puberty in boys, in girls and in both sexes.
TIME:	15 minutes.
MATERIALS, RESOURCES NEEDED:	Copies of Handout V-2-A.

Point out that some of the changes of puberty happen only to boys, some happen only to girls, and some happen to both boys and girls.

Distribute the "Changes During Puberty" handout. Divide the group into small groups and allow time for members to read over the list of changes. Review the directions and have them begin the activity.

Bring the group back together and summarize the following changes:

MALE	FEMALE	BOTH
Widening of the shoulders and thickening of the neck	Development of the breasts	Growth of pubic hair
Nocturnal emissions ("wet dreams")	Menstruation	Increased hormonal activity
Facial hair	Widening of the hips	Rapid changes in height and weight

Emphasize again that these changes often make young people worry about whether they are normal. In particular, girls worry about the size of their breasts, and boys worry about the size of their penis. Both groups worry about acne and the growth of body hair. Conclude by reassuring members that everyone is different. People who are the same height may have different-size feet, noses, penises, or breasts. The size of any body part, including the penis or breasts, has nothing to do with being more or less of a "man" or a "woman."

CHANGES DURING PUBERTY

Handout V-2-A

Directions: If you think the change is one that happens to males only, put an (M) in the space. Put an (F) for females only, and a (B) if you think the change happens to both males and females.

☐ 1. Hormone production increases.

☐ 2. Rapid changes in height and weight take place.

☐ 3. Growth of body hair begins.

☐ 4. Breasts develop.

☐ 5. Sweat glands become active.

☐ 6. Shoulders widen and neck thickens.

☐ 7. Reproductive organs become functional.

☐ 8. Nocturnal emissions ("wet dreams") are common.

☐ 9. Menstruation begins.

☐ 10. Changes in mood are more frequent.

☐ 11. Individuals develop greater interest in the opposite sex.

☐ 12. Individuals experience increased feelings of independence.

☐ 13. Interests and friendships change.

☐ 14. Hips widen.

☐ 15. Voice deepens noticeably.

Adapted from: DeSpelder and Strickland, *Family Life Education: Resources for the Elementary Classroom—Grades 4, 5, 6.* Network Publications, Santa Cruz, CA, 1982.

ACTIVITY 3: BOYS AND GIRLS—WHAT'S THE DIFFERENCE?

OBJECTIVE:	Club members will identify and discuss the physical and developmental changes that prepare the body for reproduction.
TIME:	25 minutes.
MATERIALS, RESOURCES NEEDED:	Copies of Handouts V-3-A, V-3-B and V-3-C. Answer Sheets and Glossaries for facilitator.

Explain that the changes that occur during puberty are designed to prepare the body for reproduction. Ask members to define "reproduction." (Reproduction is the process by which persons, animals or plants produce others of their kind.)

Give each member a copy of the "Male and Female Reproductive Terms" handout. Instruct them to put an X in the first column if they think the term applies to males. If they think it applies to females, they are to put an X in the second column. If they do not know or are unsure, they are to place the X in the third column.

When members have finished, define and discuss the words that belong in the MALE column, using the appropriate glossary of terms. Next, distribute the "Male Reproductive Organ Chart" handout for participants to refer to.

Repeat the above process for the female terms.

Conclude by emphasizing again that there is great variation in what changes will occur during puberty and when they will take place. No two adolescents are the same; each will experience different changes at different times.

MALE AND FEMALE REPRODUCTIVE TERMS

Handout V-3-A

	MALE	FEMALE	NOT SURE
CERVIX			
EJACULATION			
ERECTION			
FALLOPIAN TUBES			
MENSTRUATION (PERIOD)			
NOCTURNAL EMISSIONS ("WET DREAMS")			
OVA (EGGS)			
OVARIES			
OVULATION			
PENIS			
SCROTUM			
SEMEN			
SPERM			
TESTES (TESTICLES)			
URETHRA			
UTERUS			
VAGINA			
VAS DEFERENS			

MALE AND FEMALE REPRODUCTIVE TERMS (ANSWERS FOR FACILITATOR)

Handout V-3-A

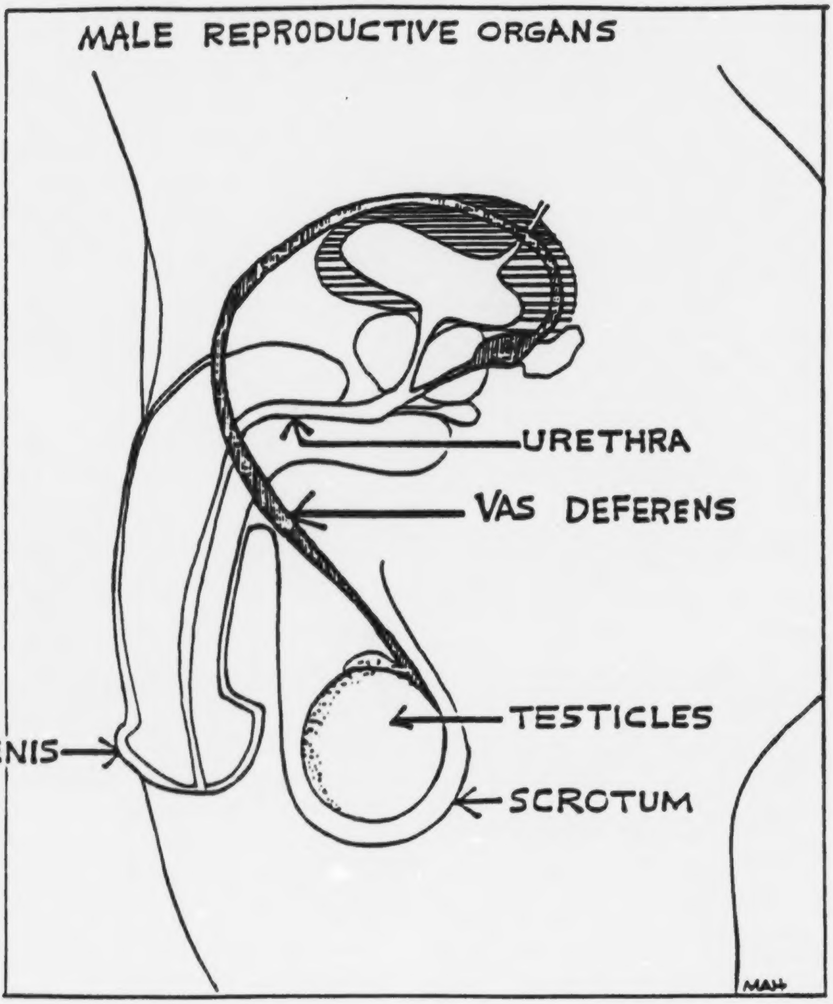
	MALE	FEMALE	NOT SURE
CERVIX		X	
EJACULATION	X		
ERECTION	X		
FALLOPIAN TUBES		X	
MENSTRUATION (PERIOD)		X	
NOCTURNAL EMISSIONS ("WET DREAMS")	X		
OVA (EGGS)		X	
OVARIES		X	
OVULATION		X	
PENIS	X		
SCROTUM	X		
SEMEN	X		
SPERM	X		
TESTES (TESTICLES)	X		
URETHRA	X	X	
UTERUS		X	
VAGINA		X	
VAS DEFERENS	X		

MALE REPRODUCTIVE SYSTEM GLOSSARY OF TERMS (FOR FACILITATOR)

Handout V-3-B

EJACULATION	Release of sperm from the penis.
ERECTION	Process by which the penis becomes longer, harder, thicker, and darker in color and stands erect and away from the body. This occurs when blood fills the vessels of the penis.
NOCTURNAL EMISSIONS ("WET DREAMS")	Ejaculation that occurs during sleep.
PENIS	Male sex organ through which semen, containing sperm, comes out of the body. Also the passageway for urine to leave the body.
SCROTUM	External pouch that contains the testicles.
SEMEN	Milky, whitish fluid that contains millions of sperm as well as other fluids that aid the mobility of the sperm.
SPERM	Male reproductive cells.
TESTES (TESTICLES)	Two organs located in the scrotum that produce sperm and sex hormones.
URETHRA	Tube through which both urine and sperm are released from the body. When sperm is released (ejaculation), a valve closes off the flow of urine.
VAS DEFERENS	Tubes that allow sperm to pass from the testicles.

Handout V-3-B

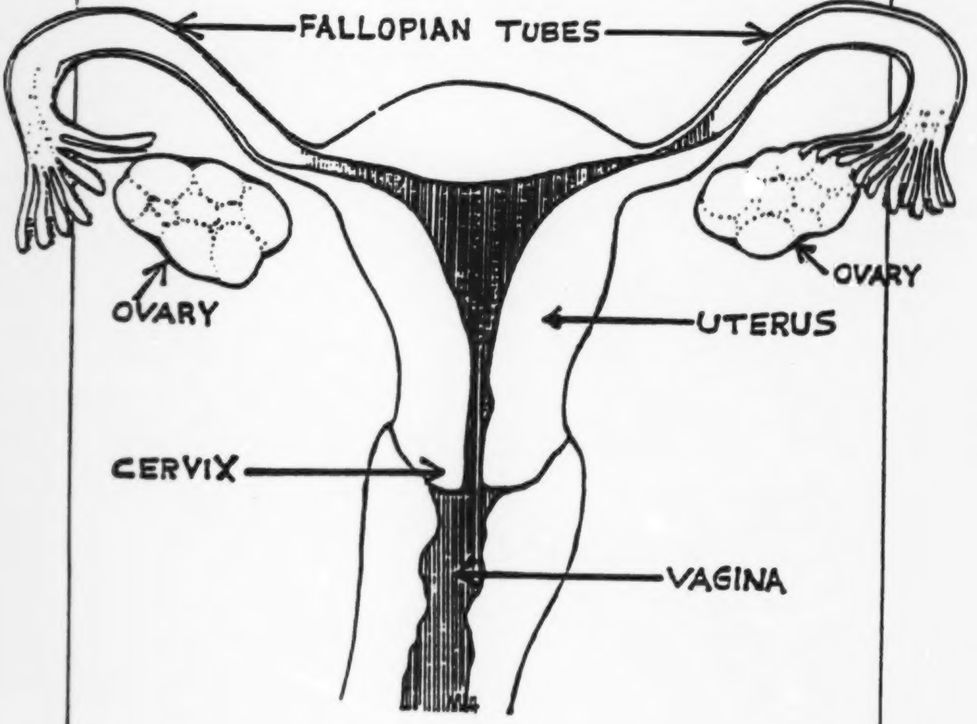

MALE REPRODUCTIVE ORGANS
URETHRA
VAS DEFERENS
TESTICLES
PENIS
SCROTUM
MAH

FEMALE REPRODUCTIVE SYSTEM GLOSSARY OF TERMS (FOR FACILITATOR)

Handout V-3-C

CERVIX	Narrow, neck-like passage leading from the uterus to the vagina.
FALLOPIAN TUBES	Two passageways through which the egg, released from an ovary each month, travels to the uterus.
FERTILIZATION	Union of sperm and egg in the uterus.
MENSTRUATION	The periodic shedding of blood and tissue from the uterus.
OVARIES	Two organs that produce egg cells and sex hormones.
OVULATION	The release of a mature egg into one of the fallopian tubes.
OVUM (OVA)	Reproductive egg cell(s) stored in the ovary.
URETHRA	Opening through which urine leaves the body.
UTERUS	Pear-shaped female reproductive organ, also called the "womb," in which the fetus grows and develops until birth. The wall of the uterus thickens monthly in preparation for housing a fertilized egg.

Handout V-3-C



FEMALE REPRODUCTIVE ORGANS

ACTIVITY 4: MYTHS AND FACTS ABOUT REPRODUCTION

OBJECTIVE:	Club members will discuss some myths and facts about sexuality and pregnancy.
TIME:	15 minutes.
MATERIALS, RESOURCES NEEDED:	Blank "PROUD and LOUD" logs. Copies of Handout V-4-A.

Point out that sexual feelings toward people of the opposite sex increase during puberty. These feelings are normal and healthy. Emphasize, however, that most teenagers do not respond to these feelings by actually having sex.

Distribute the "Who Knows the Facts?" handout. Have each member fill out the sheet. Then ask for volunteers to share their answers with the group. (Refer, if necessary, to the "Facilitator's Answer Sheet.")

Emphasize the following points:

- Teenage sexual involvement can cause a number of problems, including pregnancy, sexually transmitted diseases (such as AIDS, herpes, gonorrhea, and syphilis), and emotional and social anxiety.

- Some contraceptives lower the risk of pregnancy and disease. For example, condoms reduce one's chances of contracting AIDS. However, contraceptives are by no means 100 percent effective and do little to prevent the emotional or social turmoil that may result from an adolescent's becoming sexually active. The only 100 percent effective method of avoiding teenage pregnancy and disease is abstinence, or not getting involved in sexual activity at all.

REMINDER:
Go over the "PROUD and LOUD" statements now, and distribute blank "PROUD and LOUD" logs to members before they leave.

WHO KNOWS THE FACTS?

Handout V-4-A

After each of the following, put an (F) if you think the statement is a fact, and an (M) if you think the statement is a myth.

1. Margie thinks that girls who haven't started their period yet can't get pregnant.
2. Cheng's teacher told him that pregnancy is one of the main reasons why female students drop out of high school.
3. María's big sister warned her that she can get pregnant the first time she has sexual intercourse.
4. Sandra's mother says that most teens who get pregnant don't intend to.
5. Sam's doctor told him that more than a million teenage girls get pregnant every year.
6. Juanita believes that since teenage parents settle down earlier than other teens, they get better jobs and make more money.
7. Sara thinks the safe time for a girl to have sex is the middle of her menstrual cycle.
8. Pam's boyfriend told her she can't get pregnant by having sex while standing up.
9. Tasha's mother claims that the only way she can be 100 percent sure of not getting pregnant is if she says "NO" to sexual involvement.
10. Janine's mother told her that young teens who get pregnant are more likely to have babies with birth defects than mature women.
11. Keisha's father said that sexual involvement can spread disease.
12. Tanya says that teens who don't have sex very often won't get pregnant.
13. Luis' big brother told him that the majority of junior high school kids are having sex.
14. Ali's best friend told him that teenagers only get pregnant if they want to.
15. Pashita's father said that the only way the AIDS virus can be spread is through sexual contact.

WHO KNOWS THE FACTS? (FACILITATOR'S ANSWER SHEET)

1.	A girl can get pregnant even if she has never menstruated. Females ovulate approximately two weeks before menstruation occurs and are fertile during this time. Therefore, it is possible for a girl to get pregnant if she has ovulated but not yet had her first period.	M
2.	Pregnancy is the no. 1 cause of female high school dropouts.	F
3.	Girls and young women can get pregnant "the first time."	F
4.	Nearly 77 percent of teenage pregnancies are not planned.	F
5.	Every year, approximately one million teenage girls get pregnant in the United States.	F
6.	Teenage parents are less likely than their peers to finish high school and, therefore, less likely to get high-paying jobs.	M
7.	Ovulation occurs approximately two weeks before a girl's period, usually around the middle of her cycle. This is when she is most likely to get pregnant. Also, since it is very difficult to determine precisely when ovulation occurs, there is no completely safe time.	M
8.	Females can get pregnant standing up, sitting, or lying down. It is not the sexual position that causes pregnancy.	M
9.	Saying "NO" to sexual involvement is the only 100 percent effective way of avoiding pregnancy.	F
10.	Birth defects occur more frequently among the children of young teenage mothers, whose reproductive system may not have fully matured, than among the children of older women.	F
11.	Sexually transmitted diseases (STDs) are contagious. They are spread through sexual contact with a male or female who has the disease. STDs are one of the leading causes of infertility (the inability to father a child or to become pregnant).	F
12.	Every time a couple has sex, there is a possibility of pregnancy.	M
13.	Fewer than a third of all teens aged 15 and under have sex.	M
14.	Whenever a female has intercourse, she is at risk of becoming pregnant.	M
15.	AIDS can also be contracted by using infected hypodermic needles, receiving a transfusion of infected blood or through birth from an infected woman. There is currently no cure for this fatal disease.	M

Adapted from: Gussin, G., Buxbaum, A. and Danford N. *Self-Discovery: Caring, Loving and Sexuality: Using Skills to Make Tough Choices.* Management Services for Health, Boston, MA, 1984.

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